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# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

# 25th April 2018

# INPATIENT SAFER STAFFING Report Period 26th February 2018 to 25th March 2018

**For: Information**

**Executive Summary**

**Ward Staffing**

The purpose of this paper is to provide a report of the actual inpatient staffing levels to the Board of Directors. There is a national requirement on providers to be transparent in our monitoring and reporting of inpatient staffing levels and the impact on patient care. Ensuring sufficient staffing levels are in place is crucial to deliver safe, effective and high quality care. This report will be published on our website with a link from NHS Choices website.

The data within the report will outline the staffing levels (for both registered and unregistered nursing staff) on each ward. These figures will be measured against the required figures on a shift by shift basis for the 4 week period 26th February to 25th March 2018.

Average weekly day shifts fill rates for registered staff & unregistered staff were above the Trust target of 85% with the lowest average fill rate at 96%.

Average weekly night shifts fill rates for registered and unregistered were above the Trust target of 85% with the average lowest fill rate at 99%

The methods of filling these shifts includes substantive, bank and agency registered staff and further detail in provided later in the report.

The average weekly % agency use was 17.3% with a peak of 18.6% in the week of 19.03.18 this relates to vacancies and patient acuity. This is a 0.5% decrease on last month’s highest percentage of 19.1%.

Sickness rates for ward staff increased in this period to 6.1% in the week of 19.03.18 but overall trend is down from previous peak of 8.8% in the week of the 15/01/18.

Each month the paper has a specific focus on one of the three clinical directorates. The paper will this month provide more specific focus on the staffing on the Forensic wards and provide information in relation to:

* CHPPD requirements
* Implementation of the SafeCare acuity and demand data collection module on Health Roster.
* An update on the skill mix reviews taking place in directorates

**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 including project work and wider recruitment and retention work. There are no exceptions to report that directly link actual staffing levels to adverse outcomes for patients which have been identified through our Governance Structures.

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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.*

***Strategic Objectives*** *– this report relates to or provides assurance and evidence against the following Strategic Objective(s) of the Trust*

*Driving Quality Improvement (Goals: patients will be safe from harm; patients will achieve the clinical outcomes they want; and patients and carers will have an excellent experience)*

*Delivering Operational Excellence (Goals: our services will be effective and efficient; information will be translated into knowledge; and our planned surplus will be delivered)*

**Inpatient Safer Staffing**

Period: 26th February to 25th March 2018

**Introduction**

This is the report to the Board of Directors outlining the staffing levels (registered and unregistered) on each ward against their required need on a shift by shift basis. This report covers the four week period: 26th February to 25th March 2018.

This month there is a more specific focus on the Forensic wards staffing to outline the current staffing and strategies in place to ensure safer staffing.

In addition, there is information covering:

* CHPPD requirements and implementation of the SafeCare acuity and demand data collection module on Health Roster
* Impact of maintaining safe staffing on patient care.

This report will focus on the percentage of day and night fill rates for registered and unregistered staff. This data is reported to NHSI and provides assurance of actual clinical staffing numbers being achieved.

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

**Management of Staffing Levels**

Anescalation process for the management of staff shortages is in place within each clinical area, in order to manage staffing safely on a shift by shift basis. As part of this process, senior clinical staff are providing appropriate support to ward teams as and when required. In addition, senior ward staff and immediate team managers review ward staffing levels on an on-going basis; shift by shift basis, and where there are changes in patient acuity. Ward Matrons review staffing daily as a minimum and more frequently where required.

In-patient staffing levels continue to be reported every week and discussed within the Weekly Review Meeting (WRM), which takes place each Monday morning with the Director of Nursing and or Deputy present.

In order to ensure that staffing levels are under continual review, every ward undertakes a range of immediate actions on a daily basis to ensure safe staffing levels are maintained appropriate to the needs of patients. These actions include booking staff via staffing solutions via bank or agency, revising rotas, moving staff between wards and utilising additional staff that are not included in the ward numbers as required for example modern matrons.

**Summary position of inpatients wards staffing levels.**

Appendix 1 shows the staffing levels for all wards by ward for the four week time period 26th February to 25th March 2018. The data presented includes details of staffing by shifts and also details of skill mix, agency, ward staff sickness and ward vacancy figures. The thresholds presented in the table are measured against trust/ national targets and used to highlight particular wards for further review.

During this period:

Average weekly day shifts fill rates for registered staff & unregistered staff were above the Trust target of 85% with the lowest average fill rate at 96%.

Average weekly night shifts fill rates for registered and unregistered were above the Trust target of 85% with the average lowest fill rate at 99%

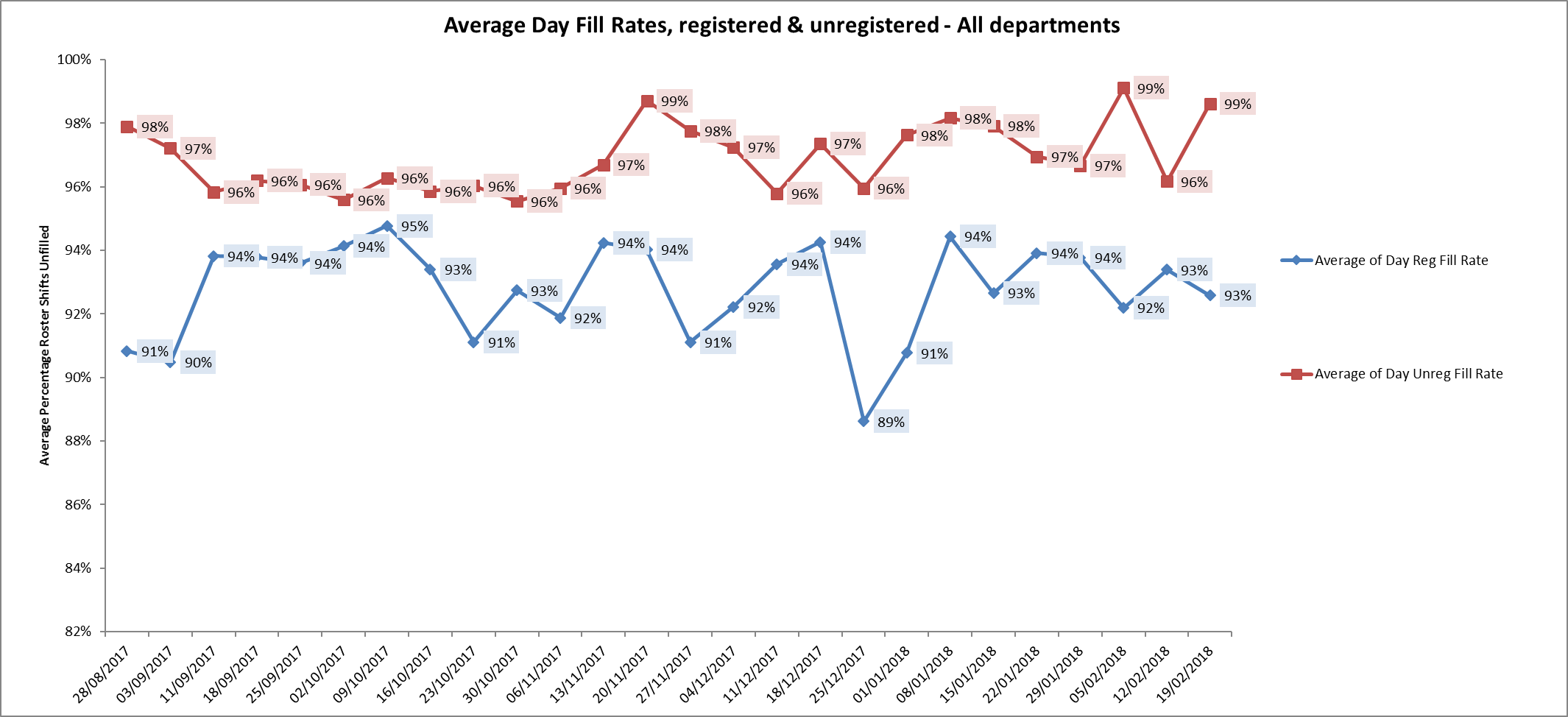
The methods of filling these shifts includes substantive, bank and agency registered staff and further detail in provided later in the report.

The average weekly % agency use was 17.3% with a peak of 18.6% in the week of 19.03.18 this relates to vacancies and patient acuity. This is a 0.5% decrease on last month’s highest percentage of 19.1%.

Sickness rates for ward staff increased in this period to 6.1% in the week of 19.03.18 but overall trend is down from previous peak of 8.8% in the week of the 15/01/18.

**Day shifts fill rates**

Average weekly day shifts fill rates for registered nurse & unregistered staff were above the Trust target of 85% throughout this period. This included a mix of agency, bank and substantive staff including ward managers and matrons where required to make up staffing numbers and provide safe care.



However, eight wards were below 85% target for average weekly fill rates for registered nurse day shifts during this period.

These were:

Adult wards

Ashurst 60% as per last month

Vaughan Thomas 80% up from 69%

Wintle 73% up from 69%

Allen 82% up from 81%

Children and young peoples and adult eating disorders

Cotswold House Oxford 60% as per last month

Highfield 81% up from 80%

Older Peoples

Cherwell 80% down from 92%

Sandford 74% down from 93%

All of wards above had above 85% of unregistered staff to ensure safe staffing numbers overall.

**Night shift fill rates**

Average weekly night shifts fill rates for registered nurse & unregistered staff were above the Trust target of 85% throughout this period. This included a mix of agency, bank and substantive staff to make up staffing numbers.

Four wards Ashurst, Glyme, Kingfisher and Vaughn Thomas were below 85% respectively for registered staff,

Ashurst 73% up from 70%

Glyme 62% down from 71%

Kingfisher 74% down from 82%

Vaughn Thomas 80% down from 95%

This was managed with additional unregistered staff on all four wards.

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**Registered skill mix**

Six wards had in place 50% or above registered staff skill mix, this has remained static number since 1st January 2018. This includes bank and agency registered staff.

The level of wards with below 50% registered skill mix is related to the continued registered nurse vacancies. Safe staffing is supported by the ward managers and matrons on the ward working clinically as part of the numbers where required to ensure registered nursing leadership is maintained.

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**Agency use**

The average weekly % agency use was above 17.3% for this period with a peak of 18.6% in the week of 19.03.18

Nine wards required more than 25% agency use to maintain fill rates, this is increased from seven wards in the last reporting period. These were :

Allen 29.2% down from 34.1%

Ashurst 26.3 down from 29.6%

Highfield 46.3% down from 49.7%

Ruby 30.9% down from 34%

Sapphire 25.55 up from 25.3%

Evenlode 29.2% down from 29.8%

Kingfisher 30.9% up from 29.9%

Kennet 34.4% up from 25%

Kestral 34.3% up from 32.4%



**Adult wards**

In January 2018 this report provided a detailed focus on these wards, there have been some improvements in recruitment through student nurses who will graduate in the summer 2018, but high levels of nursing vacancies continue.

Vacancies in total for the eight Adult Mental Health wards as reported on 14.01.18

* Band 6 - 9.3 WTE
* Band 5 – 53.2 WTE (3.3 appointed but not started)
* Band 3 – 22.74 WTE (4 appointed but not started)

Update on skill mix remodelling

A new skill mix has been agreed for the adult wards which includes the use of associate nurses and gives a greater flexibility for the use of AHPs as part of numbers. It also introduces a much clearer career progress path for nurses, including 3 roles, a junior nurse role (preceptors), staff nurse and senior nurses at band 6. The skill mix also includes ward social workers and an increase in administration support. Jobs have been offered to all of the associate nurse trainees upon finishing their course.

An away day was held on 13th April with ward managers to discuss titles and role outlines.

Next steps

The titles and job descriptions to be agreed including progressing a job description for Occupational Therapists working as part of numbers.

**Older Adult mental health wards and Community Hospital wards**

In February 2018 ward staffing report there was a detailed focus on these wards. There is nothing new to report. Local and national recruitment efforts continue.

**Total Nursing Vacancies for Older adult mental health and community hospital wards:**

Band 5 42.84 WTE

Band 3 19.55 WTE

**Children and Young Peoples Services**

In March 2018 the staffing report focused on these wards

**Total vacancies across the four wards as at 12.03.18**

Band 3: 13.2 WTE

Band 5: 25.9 WTE (7.2 recruitment in progress)

**Forensic wards**

This month’s report provides more detail on the nine forensics wards and Evenlode (forensic LD)

The below table provides nursing ( registered and unregistered) vacancy against establishment by ward

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Establishment (WTE) | In Post (WTE) | Vacancies (WTE) | Recruitment / Going through checks etc |
| Lambourne | | | | |
| Band 6 Charge Nurse | 2 | 2 | 0 |  |
| Band 5 Staff Nurse | 3.74 | 5 | 1.74 | 0 |
| Band 3 Support Worker | 9.18 | 9.3 | 0 |  |
| Wenric | | | | |
| Band 6 Charge Nurse | 4 | 3 | 1 | Interviews 24th April |
| Band 5 Staff Nurse | 10.92 | 5.91 | 5.01 | 0 |
| Band 3 Support Worker | 20.66 | 19.87 | 0.79 | 1 |
| Kennet | | | | |
| Band 6 Charge Nurse | 4 | 4 | 0 |  |
| Band 5 Staff Nurse | 10.92 | 3.2 | 7.72 | 2 starting Sept |
| Band 3 Support Worker | 18.22 | 18.79 | 0 | 2 to offset S/N vacancies |
| Glyme | | | | |
| Band 6 Charge Nurse | 4 | 3.6 | 0.4 | 0 |
| Band 5 Staff Nurse | 7.48 | 4 | 3.48 | 1 |
| Band 3 Support Worker | 12.63 | 14.57 | 0 |  |
| Evenlode | | | | |
| Band 6 Charge Nurse | 4 | 3 | 1 seconded till Aug | 0 |
| Band 5 Staff Nurse | 7.48 | 6.73 | 0.75 | 0 |
| Band 3 Support Worker | 14.92 | 15 | 0 | 0 |
| Woodlands | | | | |
| Band 6 Charge Nurse | 4.23 | 3.91 | 0.22 | 0 |
| Band 5 Staff Nurse | 8.48 | 6.56 | 2 | 1 |
| Band 3 Support Worker | 13.92 | 13.9 | 0 | 0 |
| Kestrel | | | | |
| Band 6 Charge Nurse | 3 | 1 (although seconded to W/m role to cover MAT leave) | 2 | 0 |
| Band 5 Staff Nurse | 11.92 | 1 | 10.92 | 0 |
| Band 3 Support Worker | 20.66 | 16 | 4.66 | 1 |
| Kingfisher | | | | |
| Band 6 Charge Nurse | 3 | 3 | 0 |  |
| Band 5 Staff Nurse | 11.92 | 3 | 8.92 | 0 |
| Band 3 Support Worker | 20.66 | 15 | 5.66 | 0 |
| Watling | | | | |
| Band 6 Charge Nurse | 5.23 | 5 | 0 |  |
| Band 5 Staff Nurse | 16.66 | 12 (2 seconded into band 6) | 2 | 2 |
| Band 3 Support Worker | 22.96 | 16 | 6 | 0 advert going out |
| Chaffron | | | | |
| Band 6 Charge Nurse | 2 | 2 | 0 |  |
| Band 5 Staff Nurse | 3.74 | 3 +1from Watling | 0 | 1 |
| Band 3 Support Worker | 9.18 | 7 | 2.18 | 0 |

**Totals**

Band 6: 2.62 WTE

Band 5: 42.54 WTE

Band 3: 19.29 WTE

**Sickness and Agency use- breakdown for all forensics wards**

The graphs below outline the trends across the wards since September 2017, Kennet has seen the sharpest increase in agency use over this period and the main reason has been increased acuity for a sustained period of time alongside high Band 5 vacancies. High vacancies on Kestrel, Kingfisher and Wenric is reflected in their agency usage. Long lines of agency are in place to provide consistency of staff and patient care.

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**Skill Mix Review Work**:

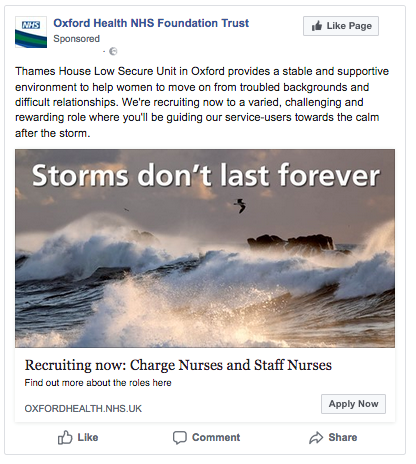
There have been two workshops with Ward Managers, Matrons & Service Managers to review the different roles that could be put in place as part of a new skill mix. This is still to be finalised and needs to be agreed.

The skill mix review includes:

* Establishing Nurse Associate roles in each team
* Increased administration support to release clinical staff time
* Team support role to support the ward manager and matron and free their time for clinical leadership
* Educational support roles to support the new learners that will be in team (apprentices, Nurse Associate trainees, peer mentoring) The aim is that this will also give staff to have a split role and protected time to support learners leading to greater job satisfaction and increased retention.
* Consultant nurse roles, for example in the area of physical health.
* Recruitment of RGN roles and will link them into the physical health lead Consultant post
* Activity workers across all forensics wards (apart from Lambourne & Chaffron).

**Recruitment work**

* New short (30 second) video type adverts for Facebook/social media. These will be in the form of a series of vignettes, essentially telling the story of Thames House from the point of view of a patient, a nurse, a support worker, a psychologist to appeal to psychology graduates too.



* Three smaller campaigns rather than one big one to target three specific groups:

1. Registered mental health, general and learning disability nurses

2. Support Workers - local area

3. Support Workers - psychology students and graduates

* Looking into the possibility of incentives to transfer for existing internal staff, and also supporting ‘Return to Practice’ Nurses with course costs and placements.
* Linking in with Oxford Brookes and Bedfordshire universities and local colleges to look at teaching/awareness courses aimed at overturning some of the negative stigma attached to forensic nursing and specifically to women’s services.

**Serious Incidents**

There were no new Serious Incidents in this reporting period for these wards.

**Evenlode – LD medium secure ward**

The ward is now on Health Roster which enables weekly oversight of safer staffing in line with other ward The establishment is set at 6:6:5 but due to more recent increase in acuity the ward has been using agency staff to increase to 7 staff for day shifts.

During this period fill rates for registered and unregistered staff have been above 96%. Skill mix has been used flexibly to meet patient needs.



**Care Hours per Patient Day (CHPPD) requirements April 2018**

From April 2018 all trusts (acute, acute specialist, community and mental health) are required to collect CHPPD monthly for all of their inpatient wards. This data will be submitted in May.

What is CHPPD?

* Care Hours per Patient Day (CHPPD) was developed, tested and adopted to provide a single consistent way of recording and reporting deployment of staff working on inpatient wards/units.
* CHPPD gives a single figure that represents both staffing levels and patient requirements, unlike actual hours alone.
* CHPPD allows for comparisons between wards/units. As CHPPD has been divided by the number of patients, the value doesn’t increase due to the size of the unit – allowing comparisons between different units of different sizes.
* CHPPD reports split out registered mental health and registered nurses from care staff (healthcare support workers /assistants) to ensure skill mix and care need is reflected.
* CHPPD is a descriptor of workforce deployment that can be used at ward, service or aggregated to trust level.
* CHPPD is most useful at a clinical ward level where service leaders can consider workforce deployment over time compared with similar wards within a trust or at other trusts as part of a review of staff productivity alongside clinical quality and safety outcomes measures.
* CHPPD will be collected as an additional item on the existing and continuing safe staffing monthly return which is collected via the Strategic Data Collection Service (SDCS),

A growing body of evidence suggests that if the review of CHPPD is incorporated into organisational policy and practice for daily and bi-annual establishment setting at ward level with divisional and trust level oversight, nursing and midwifery productivity will be increased.

The Trust will be in a position to submit this data using the census data collected as it has in place the SafeCare module on the workforce management system.

**Trust SafeCare project roll out update**

This additional module on the workforce management system enables units to:

* Capture actual patient numbers by acuity and dependency
* See if staffing levels match the demand.
* Action day-to-day staffing movements
* Provides clear visibility of staffing issues Trust wide where staffing does not match the required patient demand
* Informs longer-term resource and establishment plans
* Provides reports to identify trends and causes, highlighting changes needed to ensure safe staffing levels.

The training programme for staff on inpatient units and 29 wards have completed their training and these wards are now able to collect patient acuity census data, inputting this into SafeCare and updating their staffing information through SafeCare.

The data is being reviewed weekly by the Heads of Nursing to monitor census completion, acuity levels and will inform safer staffing reports once robustly embedded in practice.

The following 21 teams managed to achieve 80% or more data entry across the census periods for week of 09.04.18

|  |  |
| --- | --- |
| **Unit** | **09/04/2018** |
| Abingdon Ward 1 | 85.71% |
| Allen | 95.24% |
| Bicester | 80.95% |
| CH Marlborough | 95.24% |
| CH Oxford | 85.71% |
| Chaffron | 71.43% |
| Cherwell | 76.19% |
| City | 80.95% |
| Didcot | 80.95% |
| Evenlode | 85.71% |
| Glyme | 80.95% |
| Highfield | 100.00% |
| Kennet | 95.24% |
| Kestrel | 76.19% |
| Kingfisher | 85.71% |
| Lambourne House | 100.00% |
| Linfoot | 71.43% |
| Ruby | 95.24% |
| Vaughan Thomas | 80.95% |
| Watling | 71.43% |
| Woodlands | 95.24% |

The following teams managed a 20% or more improvement in data entry since the previous week:

|  |
| --- |
| **Unit** |
| Vaughan Thomas |
| Kingfisher |
| Highfield |
| Evenlode |
| Kestrel |
| Allen |
| Phoenix |
| Ruby |

No teams slipped by 20% or more in data entry since the previous week

**Conclusion**

All ward staff and managers continue to make every effort to ensure wards continue to be staffed safely and that we focus efforts on retaining our staff whilst recruiting new nurses to join Oxford Health FT.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Latest 4 week period - 26th February to 25th March 2018 | | | | | | | | | | |
|  | Unify % planned hours vs actual hours (highlighted amber if less than 85%) | | | |  |  |  |  |  |  |
| Ward | % 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, 5%) | % Sickness   (thresholds based on Trust targets, 3.5%) | Vacancies Vs Budget (WTE)   (thresholds based on Trust targets, 9%) |
| Abingdon Ward 1 | 100% | 96% | 94% | 91% |  | 49.5% |  | 11.9% | 2.3% | 7.8 |
| Abingdon Ward 2 | 101% | 90% | 97% | 99% |  | 50.2% |  | 19.1% | 6.9% | 9.9 |
| Allen | 82% | 104% | 89% | 101% |  | 48.3% |  | 29.2% | 2.4% | 13.2 |
| Amber | 102% | 101% | 100% | 99% |  | 43.8% |  | 20.9% | 3.7% | 11.9 |
| Ashurst (PICU) | 60% | 95% | 73% | 95% |  | 34.0% |  | 26.3% | 9.0% | 17 |
| Bicester | 108% | 90% | 100% | 100% |  | 55.4% |  | 0.8% | 8.2% | 2.2 |
| Cotswold House Marlborough | 110% | 100% | 131% | 82% |  | 48.5% |  | 0.0% | 0.6% | 9.1 |
| Cotswold House Oxford | 60% | 89% | 101% | 96% |  | 40.0% |  | 21.4% | 2.7% | 10.3 |
| Chaffron | 100% | 97% | 100% | 100% |  | 42.1% |  | 0.0% | 7.9% | 4.9 |
| Cherwell | 80% | 111% | 96% | 98% |  | 47.4% |  | 8.6% | 8.2% | 11.3 |
| City | 104% | 95% | 101% | 96% |  | 54.8% |  | 17.5% | 7.5% | 15.5 |
| Didcot | 103% | 97% | 100% | 100% |  | 52.7% |  | 10.5% | 5.7% | 8.4 |
| Evenlode | 99% | 91% | 90% | 97% |  | 30.5% |  | 29.2% | 13.2% | 0.8 |
| Glyme | 91% | 89% | 62% | 178% |  | 43.4% |  | 12.0% | 9.1% | 7.5 |
| Highfield (CAMHS) | 81% | 94% | 89% | 95% |  | 39.5% |  | 46.3% | 3.1% | 41.1 |
| Kennet | 104% | 99% | 97% | 100% |  | 25.4% |  | 34.4% | 8.3% | 11.5 |
| Kestrel | 107% | 90% | 96% | 99% |  | 33.6% |  | 34.3% | 8.2% | 21 |
| Kingfisher | 103% | 71% | 74% | 95% |  | 40.5% |  | 27.4% | 6.6% | 13.9 |
| Lambourne House | 88% | 98% | 100% | 100% |  | 44.4% |  | 0.0% | 1.1% | 0.5 |
| Linfoot Witney | 96% | 96% | 95% | 95% |  | 48.6% |  | 6.3% | 4.9% | 10.2 |
| Marlborough House Swindon (CAMHS) | 93% | 94% | 97% | 99% |  | 44.9% |  | 14.1% | 3.8% | 9.2 |
| Opal | 88% | 107% | 94% | 95% |  | 49.4% |  | 1.1% | 1.2% | 10.2 |
| Phoenix | 91% | 94% | 100% | 97% |  | 47.9% |  | 24.2% | 5.4% | 13.1 |
| Ruby | 88% | 109% | 98% | 101% |  | 44.7% |  | 30.9% | 2.0% | 14.9 |
| Sandford | 74% | 93% | 89% | 90% |  | 46.1% |  | 15.7% | 3.4% | 18.6 |
| Sapphire | 92% | 99% | 100% | 102% |  | 51.1% |  | 25.5% | 4.7% | 13.1 |
| Vaughan Thomas | 58% | 112% | 80% | 90% |  | 40.2% |  | 23.5% | 6.4% | 17.1 |
| St Leonards Wallingford | 102% | 94% | 98% | 96% |  | 45.9% |  | 18.5% | 5.9% | 12 |
| Watling | 103% | 101% | 101% | 99% |  | 30.2% |  | 18.5% | 6.0% | 11.8 |
| Wenric | 93% | 99% | 102% | 100% |  | 35.6% |  | 23.7% | 5.7% | 13.2 |
| Wenrisc Witney | 85% | 95% | 95% | 102% |  | 53.4% |  | 2.4% | 7.3% | 4.8 |
| Wintle | 73% | 119% | 99% | 96% |  | 39.4% |  | 15.9% | 4.9% | 13.6 |
| Woodlands | 102% | 98% | 102% | 100% |  | 38.0% |  | 1.5% | 2.4% | 6.8 |