

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

Board of Directors

14 April 2021

BOD 23/2021 (Agenda item: 12)

**Inpatient quality dashboard (including safe staffing) and update on temporary
staffing**

For: Assurance

Executive Summary

Since June 2014, there has been a Department of Health requirement for Trust Boards to receive monthly updates on ward staffing levels. Ensuring sufficient staffing levels are in place is crucial to deliver safe, effective and high-quality care.

The data within the report outlines the staffing levels (for both registered and unregistered nursing staff) on each ward. These figures are measured against the required figures on a shift by shift basis for the period 25th January 2021 to 21st February 2021 (in line with the requirements of the DH Unify reporting process).

A number of quality indicators are captured within the inpatient dashboard to enable any hotspots to be highlighted for a deeper dive. Any individual ward issues are escalated on a weekly basis to the Weekly Review meeting chaired by the Deputy Chief Nurse.

This month the use of temporary staffing for each ward is included for the first time on this report to enable this to be cross referenced with the fill rates.

Going forward a coding system will be introduced to determine when levels of fill rates dip below certain parameters and escalated where necessary.

This report will also give an update on nursing (qualified and unqualified) recruitment which will have a direct impact on inpatient substantive fill rates.

The Chief Nurse is currently developing a wider team/ service level quality dashboard which will build on this paper.

Recommendation

Board members are asked to note the assurance this report and the developing plans for the quality dashboard.

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Introduction

Since June 2014, there has been a Department of Health requirement for Trust Boards to receive monthly updates on ward staffing levels. Ensuring sufficient staffing levels are in place is crucial to deliver safe, effective and high-quality care.

The data within the report will as per requirements outline the staffing levels/ fill rates (for both registered and unregistered nursing staff) on each ward. These figures are measured against the required figures on a shift by shift basis for the period 25th January 2021 to 21st February 2021 (in line with the requirements of the DH Unify reporting process). This results in an actual against planned average fill rate.

Against a target of 100% the fill rates determine what levels of staffing each ward achieved. The Trust currently has an internal target of 85% fill rate which is being revised by the Chief Nurse and in line with this a new coding system will be put in place to be act as an alert where levels fall below expectations. There is an escalation process in place within directorates where staffing issues are of concern and these are monitored on a weekly basis through the Weekly Review meeting chaired by the Deputy Chief Nurse.

Temporary Staffing

It is important to note the fill rates include any temporary staffing (bank and agency) used which is one marker of quality. For this report this is now incorporated into the dashboard provided for the first time. This enables an opportunity for the Board to understand how these shifts are filled. We do know that a significant number are also filled with high cost agency on long lines of work (ie working over 3 months with the Trust). In some cases we have long lines of agency working up to 36 months within the Trust.

The Director of Clinical Workforce Transformation is now picking up the work began by the Chief Nurse in relation to 'Improving Quality, Reducing Agency' programme board and the associated work streams are now being established. As part of this work an establishment review is being undertaken with the matrons to understand their actual need.

For the next Board report the spend linked to the use of agency will also be included. The work related to the overall programme board described above will report to the People, Leadership and Culture Committee and enable the Board to have oversight of all the workstreams and the trajectory of achievement of reduction in agency spend.

Nursing Recruitment

Clearly a major workstream for the programme board is recruitment. The CNO England has made significant fund available to support Chief Nurse to deliver an increased nursing workforce over this year. This is in line with the Government commitment to employing 50,000 more nurses. This has several strands to it including two workstreams where we have

successfully bid for additional funding from NHSE/I. This is in relation to International Nursing Recruitment (IR) and Health Care Support Worker (HCSW) recruitment.

In total we have successfully gained in the region of £400k from NHSE/I to deliver both IR and HCSW recruitment over a timed trajectory. Both these pieces have work have robust project plans and have achieved a number of deliverables to date. These are being led and managed by the Director of Clinical Workforce Transformation with clinical leads from all directorates.

We have been successful in recruiting a significant number of Overseas nurses for both our adult and mental health services. The first cohort of nurses have landed and we are currently welcoming them to the Trust.

In terms of HCSW recruitment there was a national target to hit zero vacancies by March 2021. We had a trajectory against this which we were due to hit. However, 7 of those offered posts have since pulled out owing to offers elsewhere.

The slides attached to this report detailed the actual numbers recruited and the reduction in associated agency spend.

Quality Indicators

The key quality indicators for inpatient services are included in this dashboard. However, the Chief Nurse is currently developing a similar dashboard for community/ outpatient services in order that any 'hotspots' can be identified and mitigations put in place. For this month unfortunately there were issues with data quality so this has not been included in this paper. The Chief Nurse will work with the Director of Strategy and Performance to align the dashboards in order that the quality dashboard relates to areas of non-compliance of quality indicators or concerns.

For this month a high level use of restraint and patient safety incidents have been recorded for Highfield. These relate to a small number of patients with high levels of acuity which included nasogastric tube feeding patients and high levels of distress from patients. This is monitored weekly through the weekly review meeting. Any significant concerns are escalated through to the Executive committee every Monday by the Chief Nurse or Medical Director.



Inpatient Focus April
2021 v2.pdf

