

Safe staffing report March 2022

The East Community Health Wards patient numbers have increased from last month (March was 83.9%; 75.6% in February). Henry Tudor ward has 24 beds and Jubilee ward 16 beds to meet social distancing and infection control requirements. West Berkshire Community Health Wards patient numbers have marginally increased compared to last month (March to 85.32% from 83.4% in February). Wokingham had 3 beds closed to allow for social distancing. Donnington ward had 5 beds that they have been unable to use from 15th March with currently 2 remain out of use due to the impact of COVID-19 and need for cohorting of patients and social distancing. Three of the four acute wards at Prospect Park Hospital have over 90% occupancy this month (Bluebell ward 97.1%; Snowdrop ward 96.3%; Rose ward 93.5%) and average occupancy is 93.3%. Lower figures on Daisy ward are due to outbreaks of COVID-19 and the need to cohort patients. The older adult wards at Prospect Park patient numbers are similar to last month 76.55% (76.8 February) and Campion occupancy has increased to 55.9% from 44.4% last month.

61 staffing incidents were reported (49 in February). The number of shifts reported with less than two registered nurses (RN) per shift is less than last month; 186 were reported in March (20 % total shifts across all wards) compared to 214 in February and 272 in January. This continues to be driven by absence including COVID-19 related sickness alongside vacancy and the challenges in filling vacant shifts with temporary staff. There were 2 incidents where there were no RNs at the start of a shift. Staff were moved from other wards to cover and ensure patient safety.

Patient Quality

Mental Health wards

Patient acuity on the acute wards remains high which has resulted in higher levels of observations. Post recruitment the current overall vacancy rate at PPH is currently 17.27% which has increased from the previous month (16.41%). There has been increase in interest and applications from third year student nurses and international recruitment numbers have increased from 5 to 7 applicants. This figure accounts for those staff who have been recruited but are still undergoing employment checks to enable them to commence, therefore, this is not reflected in the figures for February. Further work is underway to look at alternative ways to recruit all levels of staff which appeals more widely such as open evening events via teams/zoom. This has had some early success. Recruitment continues to be a challenge across all staff groups as is the national picture. Band 2 staff with less than a year working with the trust have the highest number of leavers and there is an open day specifically for this group in late April 2022.

Average bed occupancy in the acute adults' wards has increased from last month to 93.13% from 89.12% in February (Bluebell ward 97.1%; Rose ward 93.5%; Snowdrop ward 96.3%; Daisy ward 85.6%); Daisy ward had 2 beds ringfenced to enable patient isolation of acute patients at Prospect Park if required and a room unable to be used to estates works which has impacted on occupancy. Sorrel ward's bed occupancy increased to 97.4% from February at 92.5% 88.0%. Rowan ward's bed occupancy decreased to 72.1% (82.3% in February); Orchid ward bed occupancy decreased to 81% from 91.1% in February (76.55% average overall). Rowan ward had 5 beds not in use during March due to a COVID-19 outbreak which has affected occupancy figures.

The number of temporary staffing shifts requested for the wards at Prospect Park Hospital for January was 3717; 746 of these were for registered nurse shifts (20.06%). A total of 767 (20.63%) of all temporary staff requests were unfilled for Prospect Park Hospital, 174 of these unfilled requests were for registered nurses (22.68%).

There were 136 shifts with less than two registered nurses on a shift which is 21% all shifts (155 in February 26% shifts). Snowdrop ward had 29 shifts and Rose had 39 shifts with less than two registered nurses. On shifts with less than two registered nursing staff there were senior clinical staff on the wards (Matron, Ward Manager and Clinical Development Lead) and therapy staff based on the wards 9-5pm during the week that provided support. Staff were moved across the hospital (including APOS staff) to assist wards in meeting their minimal staffing requirements when required, support was also provided by the Designated Senior Nurse on duty. In addition, a number of AHPs worked on the wards to support existing nursing staff and Nurse Associates were utilised when available.

The Safecare model was due to commence roll out across the mental health wards this month. However due to staffing and workload issues in the roster team this has been postponed to May 2022.

Campion unit bed occupancy increased to 55.9% from the previously being static for several months at 44.4%. There were 0 shifts with less than two registered nurses. The number of temporary staffing shifts requested for Campion unit was 386; 135 of these were for registered nurse shifts (34.97%). A total of 76 (19.68%) of all temporary staff requests were unfilled. There were 3 unfilled requests for a registered nurse (3.94%).

Table 1 below shows the current staffing position at PPH by registered and unregistered staff. This is inline with the new finance forecast plan developed this month hence slight changes in establishments. These figures are less posts offered.

Table 1. Current vacancies:

	Registered nurses (wte)	Vacancy (wte)	Total available registered nurses (wte)	Unregistered nurses (wte)	Vacancy (wte)	Total available unregistered nurses (wte)
PPH	110.52	34.32 (31.05%)	76.2 (68.95%)	191.24	37.96 (19.15%)	153.28 (80.85%)

Community Health wards (CHS)

East community ward occupancy has increased to 83.90% and is comparable to the West community wards at around 85.32%. Jubilee ward had 16 beds and Henry Tudor ward has its usual compliment of 24 beds available. West community health wards also have less beds available due to social distancing requirements. Across the West wards there are 3 beds at Wokingham closed for the cohorting of covid patients. At West Berkshire there were 5 beds not in used from the 15th March due to COVID-19 outbreak and cohorting needs of patients. Currently there are 2 beds not in use.

The average bed occupancy for the West CHS wards has increased for March to 85.32% from 83.4% in February; (Oakwood Unit 88.1%, Donnington ward 90.7%, Highclere ward 89%, Ascot ward 80.8%, Windsor ward 78%).

West CHS wards requested 1171 temporary shifts, 514 were for registered nurses (43.89%). A total of 359 (30.65%) shifts were unfilled; 161 were for registered nurses (44.84%).

Highclere ward had 27 shifts and Donnington ward 6 shifts with less than two registered nurses; they supported each other to ensure both the wards were covered and patient safety maintained. In addition, Nurse Associates were utilised when there was no RN available. Ascot ward had 16 shifts, Windsor ward 1 shift and Oakwood unit had 0 shifts with less than two registered nurses.

The SafeCare model has been successfully rolled out to the West CHS wards. The data demonstrates that although safety was maintained, the acuity of the patients has meant that the staffing was sub-optimal throughout the month in all three units during March, this was due to being unable to fill all gaps in the staffing rotas (Example of data is demonstrated in Appendix 1). Data entry has much improved, but work is still ongoing to improve consistency in data entry. Figures are provided weekly to Senior Managers.

The average bed occupancy for the East wards in March was 83.9% (75.6% in February); Jubilee ward 84.7%, Henry Tudor ward 83.1%. East CHS wards requested 390 temporary shifts; 178 (45.64%) were for registered nurses. A total of 40 shifts (10.25%) were unfilled; 7 were for registered nurses (17.5%). There were 0 shifts with less than two registered nurses on both Jubilee ward and Henry Tudor ward.

The SafeCare model has now been implemented on both East CHS wards. Data for March indicates that staffing levels are appropriate for Jubilee for the patient numbers and acuity, for Henry Tudor ward there were times when their staffing was sub-optimal for patient acuity. The data entry for both wards has much improved with fewer omissions noted.

Table 2: below shows the current staffing position on the community health wards by registered and unregistered staff. These reflect the budget for 2021/22.

	Registered nurses (wte)	Vacancy (wte)	Total available registered nurses (wte)	Unregistered nurses (wte)	Vacancy (wte)	Total available unregistered nurses (wte)
West CHS wards	62.85	8 (12.73%)	54.85 (87.27%)	78.88	4 (5.08%)	74.88 (94.92%)
East CHS wards	21.29	5.2 (24.43%)	16.09 (75.57%)	33.01	2.6 (7.88%)	30.41 (92.12%)
Total	84.14	9 (15.69%)	70.94 (84.31%)	111.89	10.6 (5.37%)	105.89 (94.63%)

Triangulation of Incident Data

The triangulation of the patient safety incident data sets involves medication, patients found on the floor, pressure ulcers, absent and missing, seclusions, prone restraints, self-harm and assaults with staffing level. No incidents were reported as moderate or above during the month as a result of safe staffing.

Safe Staffing Declaration

All of the wards have some vacancy with wards at PPH most significantly affected have and as a result there is continued high use of temporary staff to achieve the position of safe staffing numbers. In addition, during March the impact of COVID-19 on both our permanent and temporary workforce has resulted in wards across the trust being below their required staffing on many occasions. Therefore, whilst patient safety was maintained across all wards and no incidents were directly reported in relation to safe staffing, patient experience may have been compromised.

Financial Implications

- Continued usage of temporary staff including registered nursing to cover vacancies, absence and levels of observations for patients

Risk Implications

- Number of current registered nurse vacancies across wards
- Levels of absence as a result of COVID-19

Care Hours per Patient Day (CHPPD)

The publication of Lord Carter's review, 'Operational productivity and performance in English acute hospitals: Unwarranted variations', in February 2016 highlighted the importance of the ensuring efficiency and quality across the whole NHS. One of the obstacles identified in eliminating unwarranted variation in clinical staff distribution within the NHS provider sector has been the absence of a single means of consistently recording, reporting and monitoring staff deployment.

In order to provide a consistent way of recording and reporting deployment of staff providing care on inpatient wards, the Care Hours per Patient Day (CHPPD) metric was developed and while it is recognised that the needs of patients using services are often quite different, the CHPPD measure provides a representation of the number of care hours available to patients and it is expected that this measure will enable wards of a similar size, speciality and patient group to be benchmarked in the future. Nationally there is currently limited benchmarking data available at present. CHPPD for all the inpatient areas within Berkshire Healthcare is captured within Table 4 alongside the fill rate and bed occupancy.

Reporting

NHS England requires Trusts to submit monthly staffing data which is displayed on NHS Choices and on the Trust website. The staffing information required to be displayed is the total monthly planned staff hours versus actual staff hours (percentage fill). This information is split by day shift/night shift and by registered nurses/ unregistered care staff. NHS England has not released the parameters against which staffing levels should be RAG rated as this is a decision for local Trusts and their Board. This information is detailed in Table 4 of the report.

Guidance published in November 2014 by the Department of Health based on NICE guidelines for safe staffing (in acute hospitals) identified 'red flags' where safety has the potential to be compromised. One of these red flags was monitoring when wards had less than two registered nurses present on the ward during a shift.

All our Mental Health and Community Wards are staffed to provide two registered staff on every shift and the shifts with less than two registered staff on duty are detailed in table 4. For Campion Unit (Learning Disability unit) the agreed staffing levels are two registered nurses during the day and one registered nurse at night, therefore it is breaches in these levels that are captured in Table 4 for Inpatient wards.

Main themes from this month's report:

- Recruitment of both Registered Nurses and HCAs remains challenging in line with the national picture
- There continues to be a high level of temporary staff usage to cover vacancies, absences and high levels of observations and filling of all rota gaps with temporary staff continues not to be achieved
- COVID-19 continues to have some impact on staffing absence across all wards

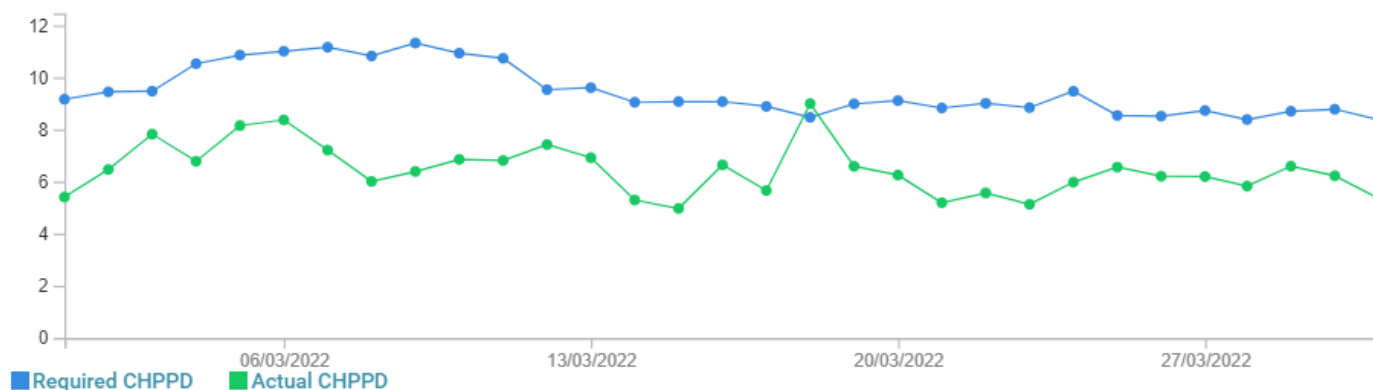
Examples of West and East Community Health Services Data Showing Required v Actual Hours.

To note: the spikes in data are where information has been omitted.

Oakwood Ward

The graph shows that there were 1 incident where data was missed which accounts for the graph spike on 18th March. This is much improved from February 2022. Figures demonstrate that staffing is lower than required for the patient acuity.

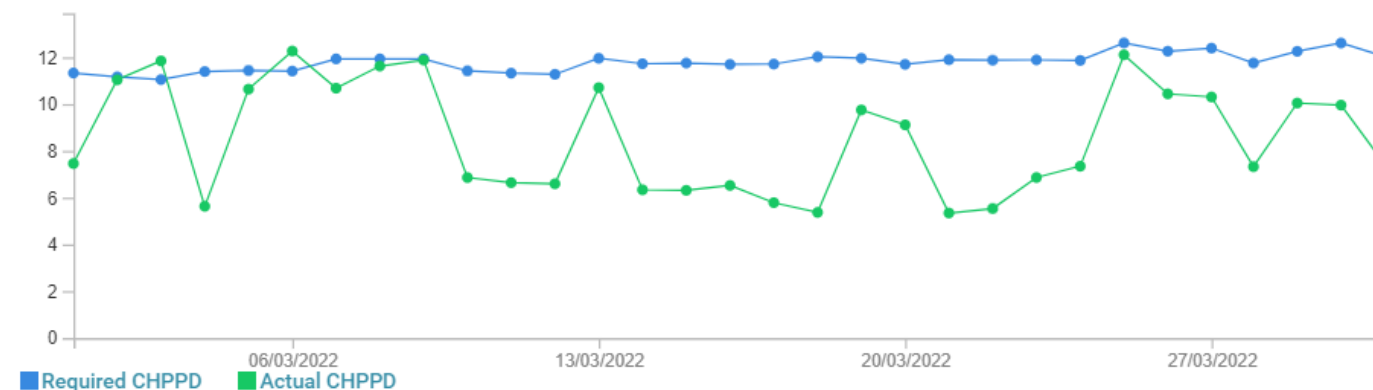
Required vs Actual CHPPD



Wokingham Wards

The graph shows that there were 15 census periods where data was omitted which is demonstrated in the spikes. Data appears to portray that staffing was sub-optimal in relation to patient acuity for the majority of the month of March although it is difficult to be certain due to the lack of data entry.

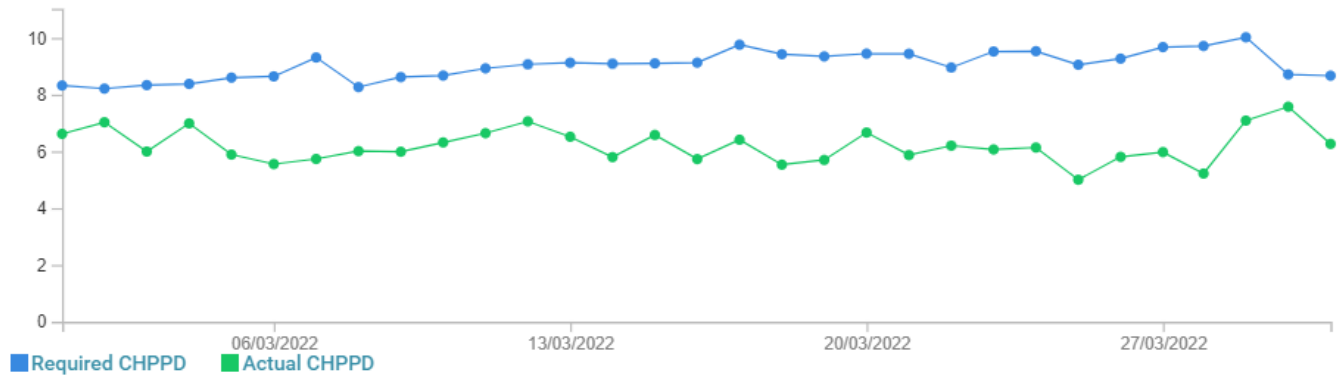
Required vs Actual CHPPD



West Berkshire CHS Wards:

The graph shows that data was entered for every census period in March therefore reporting is accurate. For the month of March staffing levels were consistently below what was required for the acuity of the patients.

Required vs Actual CHPPD

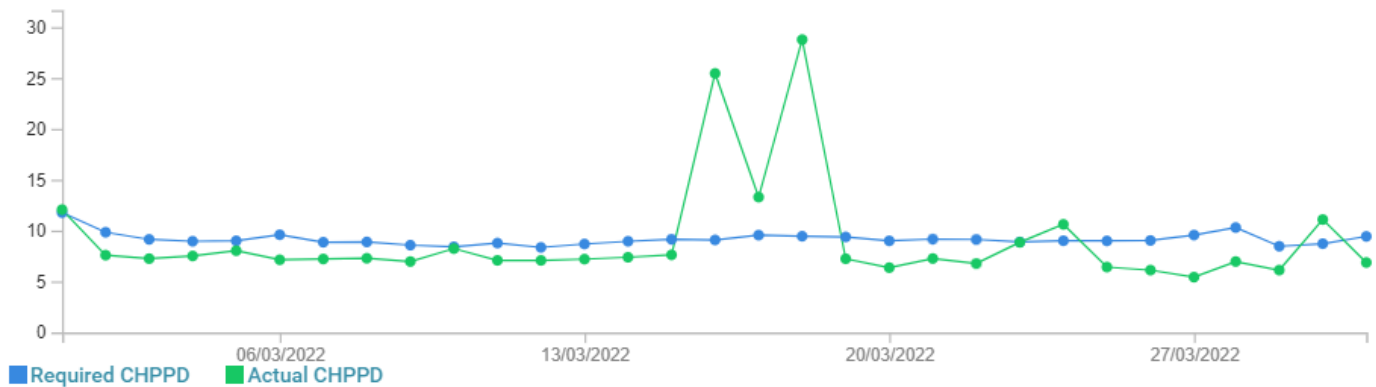


East CHS Wards:

Henry Tudor Ward:

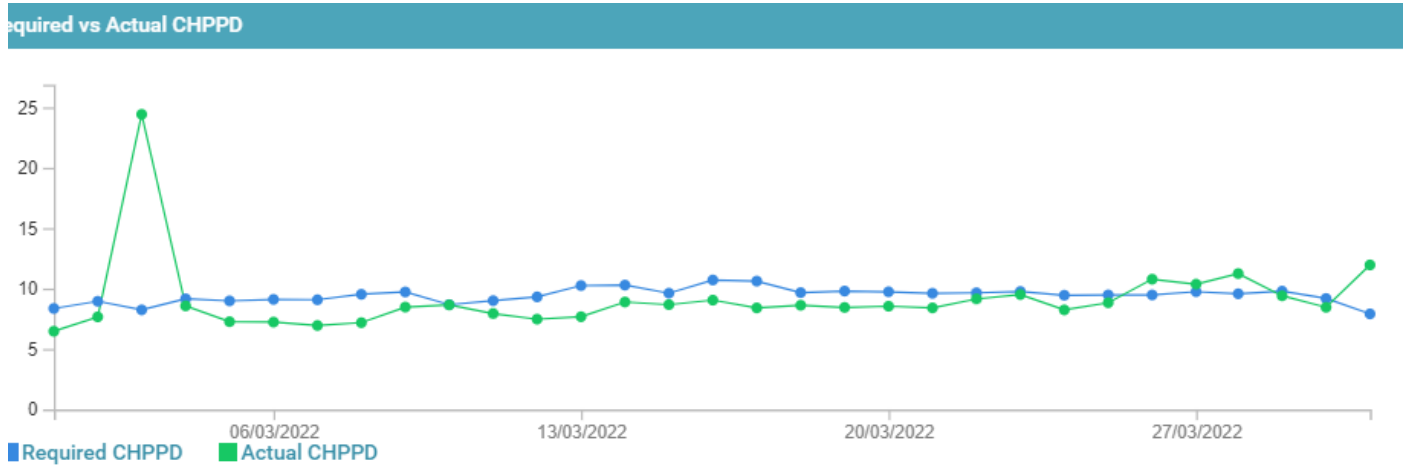
The graph demonstrates between 15th and 19th March data was consistently omitted and is equal compliance to February. Data demonstrates that staffing was sub optimal for most of March.

Required vs Actual CHPPD



Jubilee Ward:

The graph demonstrates only 1 spike where data was not added. This is a great improvement from previous months. However staffing levels appear accurate for the patient acuity.





Berkshire Healthcare

NHS Foundation Trust

Green [G]	Amber [A]	Red [R]
No identified impact on quality and safety of care provided because of staffing issues.	Although there appears to be no direct correlation between staffing and any specific incidents that occurred during the month, the high number of temporary staff required throughout the month provides a challenge with delivering continuity of care and may compromise patient experience.	There appears to be a correlation between staffing and specific incidents, safety was compromised.

Ward	Budgeted workforce (wte)	Vacancy (wte)	% DAY FILL RATE				% NIGHT FILL RATE				Bed Occupancy %	CARE HOURS PER PATIENT DAY					No. of shifts with less than 2 RN		No. of incidents reported linked to staffing	No incidents where harm caused as a result of reduced staffing	RAG rating	
			RN	HCA	Q NA	UnQ NA	RN	HCA	Q NA	UnQ NA		Month cumulative patient count	RN	HCA	Q RA	UnQ RA	Total	Day				Night
Bluebell	35.00	13.35	103.28	157.63	0.00	0.00	93.55	238.87	0.00	0.00	97.10	662	2.4	8.0	0.0	0.0	10.4	12	7	0	0	[A]
Daisy	35.95	10.15	118.08	114.52	31.00	0.00	93.55	154.84	0.00	0.00	85.60	531	2.9	8.9	0.1	0.0	11.9	4	4	25	0	[A]
Rose	34.15	14.15	70.97	119.07	0.00	51.50	95.16	126.61	0.00	0.00	93.50	638	2.0	6.4	0.0	0.1	8.6	36	3	0	0	[A]
Snowdrop	35.95	9.87	84.83	96.24	0.00	0.00	95.16	116.94	0.00	0.00	96.30	657	2.2	5.8	0.0	0.0	7.9	26	3	1	0	[A]
Orchid	36.00	7.8	90.48	144.52	0.00	0.00	87.10	207.26	0.00	0.00	81.00	502	2.8	12.2	0.0	0.0	15.0	12	8	0	0	[A]
Rowan	42.00	13	95.97	193.63	0.00	62.00	87.10	220.16	0.00	0.00	72.10	447	3.3	16.0	0.0	0.2	19.5	9	8	4	0	[A]
Sorrel	38.00	9	111.29	122.26	0.00	0.00	93.55	150.58	0.00	0.00	97.40	332	5.0	24.6	0.0	0.0	19.6	0	4	0	0	[A]
Campion	37.11	3	158.06	130.59	0.00	56.00	216.13	120.89	0.00	0.00	55.90	156	14.0	24.6	0.0	0.5	39.2	0	0	2	0	[G]
Donnington	63.46	4	91.10	98.57	65.00	0.00	94.92	100.81	100.00	0.00	90.70	783	2.0	4.2	0.3	0.0	6.5	3	3	12	0	[A]
Highclere			75.83	71.00	75.00	105.67	87.10	80.65	0.00	0.00	89.00	414	3.0	3.7	0.3	0.4	7.3	19	8	10	0	[A]
Oakwood	46.67	3	82.26	94.19	0.00	0.00	104.84	111.29	0.00	0.00	88.10	683	2.6	4.2	0.0	0.0	6.8	0	0	0	0	[A]
Ascot	61.31	5	90.32	77.42	0.00	0.00	93.55	106.45	0.00	0.00	80.80	426	3.5	3.4	0.0	0.0	6.9	12	4	4	0	[A]
Windsor			104.03	102.69	0.00	0.00	100.00	200.00	0.00	0.00	78.00	608	2.7	3.5	0.0	0.0	6.2	1	0	2	0	[A]
Henry Tudor	32.80	5.2	114.78	82.57	0.00	70.67	155.29	144.94	0.00	0.00	83.10	618	3.4	3.8	0.0	0.2	7.4	0	0	1	0	[G]
Jubilee	30.23	2.6	85.22	85.05	0.00	0.00	100.00	112.06	0.00	0.00	84.70	420	3.6	5.7	0.0	0.0	9.3	0	0	0	0	[G]