

Safe staffing report May 2022

Berkshire Healthcare NHS Foundation Trust is committed to reporting staffing data for nursing and healthcare staff across all our wards; this is underpinned by our commitment to both delivering high quality care for our patients and ensuring transparency. Reported figures here include registered nurses and unregistered healthcare assistants, Allied Health Professionals are not included in these figures but do support safer staffing on the inpatient wards.

The following report will aim to provide the board with assurance around the statutory reporting requirements, as outlined in the Developing Workforce Safeguards document which was published by NHS Improvement in October 2018. This document was developed to support organisations to utilise effective staff deployment by adopting a “triangulated approach” to manage common workforce problems and comply with the Care Quality Commission (CQC) well-led framework (2018).

Executive Summary

The East Community Health Wards patient numbers have increased from last month with an average of 88%. West Berkshire Community Health Wards patient numbers have marginally increased compared to last month with an average of 85.28%. Average occupancy on the acute wards at Prospect Park Hospital is 94.42%. The older adult wards at Prospect Park patient numbers have increased to an average of 87.05% and Campion occupancy has increased to 67%.

There were 30 reported staffing issues from Datix, and all were of low impact. There were no incidents reported of moderate and above during the month and no incidents of moderate and above from triangulated data. The number of shifts reported with less than two registered nurses (RN) per shift increased in May to 160; 141 shifts were reported in April with 186 reported in March. This continues to be driven by absence including sickness alongside vacancy and the challenges in filling vacant shifts with temporary staff.

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	39.26	10.35	96.02	176.13	0.00	0.00	90.38	216.27	0.00	0.00	94.90	646	2.3	8.4	0.0	0.0	10.7	8	7	0	0	[A]
Daisy	39.95	9.15	85.77	115.48	24.00	0.00	85.60	150.00	0.00	0.00	88.90	551	2.2	8.5	0.1	0.0	10.8	29	9	13	0	[A]
Rose	44.15	16.15	83.37	127.35	0.00	0.00	87.10	108.06	0.00	0.00	96.50	657	2.1	6.1	0.0	0.0	8.2	19	8	0	0	[A]
Snowdrop	38.31	12.39	89.03	110.00	0.00	0.00	91.94	107.26	0.00	0.00	97.40	663	2.2	6.0	0.0	0.0	8.2	18	7	0	0	[A]
Orchid	41.80	9.6	102.42	180.00	0.00	0.00	98.29	218.55	0.00	0.00	84.40	523	3.1	13.6	0.0	0.0	16.6	0	1	0	0	[A]
Rowan	42.60	15	97.58	238.79	0.00	93.17	82.26	257.26	0.00	0.00	89.70	556	2.6	15.5	0.0	0.1	18.4	4	11	4	0	[A]
Sorrel	37.00	12	104.84	140.32	0.00	0.00	101.61	147.58	0.00	0.00	95.60	326	5.1	16.0	0.0	0.0	21.1	2	0	0	0	[A]
Campion	37.11	4	157.26	195.20	0.00	0.00	138.71	175.23	0.00	100.00	67.00	187	10.3	28.8	0.0	0.9	40.0	0	0	0	0	[G]
Donnington	63.46	0	90.50	105.73	77.17	0.00	96.77	100.81	0.00	0.00	83.40	776	2.1	4.5	0.3	0.0	6.8	0	2	3	0	[A]
Highclere			103.85	89.17	0.00	96.67	85.48	93.55	0.00	0.00	81.70	380	3.5	5.0	0.0	0.4	8.9	16	9	7	0	[A]
Oakwood	46.67	1	83.33	101.29	0.00	0.00	100.00	102.26	0.00	0.00	85.40	662	2.7	4.5	0.0	0.0	7.2	2	0	4	0	[A]
Ascot	61.31	7.32	96.72	93.01	0.00	0.00	96.77	122.58	0.00	0.00	88.60	497	3.1	3.5	0.0	0.0	6.6	4	2	0	0	[A]
Windsor			82.26	105.53	0.00	0.00	96.77	106.45	0.00	0.00	87.30	731	2.5	3.3	0.0	0.0	5.8	0	2	0	0	[A]
Henry Tudor	32.80	3	112.82	89.35	0.00	120.33	159.34	150.11	0.00	0.00	87.20	636	3.3	3.9	0.0	0.3	7.5	0	0	0	0	[G]
Jubilee	30.23	1	83.98	89.89	0.00	0.00	100.00	122.58	0.00	0.00	88.80	571	2.5	4.5	0.0	0.0	7.1	0	0	0	0	[G]

The table above displays the total budgeted workforce and vacancy data. The total monthly planned staff hours versus actual staff hours (percentage fill) along with the care hours per patient day (CHPPD) are also reported. This information is split by day shift/night shift and by registered nurses/unregistered care staff. Sickness absence is reported a month in arrears overall for the trust but has been taken from Health Roster for this report as data is available.

Current nursing workforce and vacancies:

	Registered nurses (wte)	Vacancy (wte)	Total available registered nurses (wte)	Unregistered nurses (wte)	Vacancy (wte)	Total available unregistered nurses (wte)
PPH	110.52	40.64 (36.77%)	69.88 (63.23%)	191.24	39.16 (20.48%)	152.08 (79.52%)
Campion	10	1 (10%)	9 (90%)	24	3 (12.5%)	21 (87.5%)
West CHS wards	62.85	4.46 (7.1%)	58.39 (92.90%)	78.88	3.86 (4.9%)	75.02 (95.10%)
East CHS wards	21.29	2 (9.40%)	19.29 (90.60%)	33.01	4 (12.12%)	29.01 (87.88%)
Total CHS wards	84.14	6.46 (7.68%)	77.68 (92.32%)	111.89	7.86 (7.03%)	104.03 (92.97%)
Total all wards	204.66	48.1 (23.51%)	156.56 (76.49%)	327.13	50.02 (15.3%)	277.11 (84.70%)

Prospect Park Hospital

Average bed occupancy in the acute adults' wards has increased from last month to 94.42% from 93.13% in April (Bluebell ward 94.9%; Rose ward 96.5%; Snowdrop ward 97.4%; Daisy ward 88.9%); Daisy ward had beds 2 beds ringfenced up until early May only to enable patient isolation of acute patients at Prospect Park if required (usage at around 40%). All beds are now open and available. Sorrel ward's bed occupancy increased to 95.6% from 83.6% in April.

Rowan ward's bed occupancy increased to 89.7% (86.2% in April); Orchid ward bed occupancy decreased to 84.4% from 87.5% in April.

The number of temporary staffing shifts requested for the wards at Prospect Park Hospital for May was 3250 (3401 in April); 508 of these were for registered nurse shifts (15.63%); 536 in April. A total of 305 (9.38%) of all temporary staff requests were unfilled for Prospect Park Hospital; 542 in April, of these 141 unfilled requests were for registered nurses (46.22%); there were 142 in April.

There were 123 shifts with less than two registered nurses on a shift which is 18.89% of all shifts (116 in April 18.41% shifts). The two highest figures were from Daisy ward with 38 shifts and Rose ward with 27 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.

Campion Unit.

Campion unit bed occupancy increased to 67% from 64.1% in April. There were 0 shifts with less than two registered nurses. The number of temporary staffing shifts requested for Campion unit was 453; 316 of these were for registered nurse shifts (69.75%). A total of 53 (11.69%) of all temporary staff requests were unfilled. There were 8 unfilled requests for a registered nurse (15.05%).

West Community Health Service Wards.

The average bed occupancy for the West CHS wards is similar for May at 85.28% compared to 84.44% in April; (Oakwood Unit 85.4%, Donnington ward 83.4%, Highclere ward 81.7%, Ascot ward 88.6%, Windsor ward 87.3%).

West CHS wards requested 934 temporary shifts (938 in April) 386 were for registered nurses (41.32%); 374 in April. A total of 143 (15.24%) shifts were unfilled (279 in April); 83 were for registered nurses (58.04%); 115 in April.

Highclere ward had 25 shifts and Donnington ward 2 shifts with less than two registered nurses (April: Highclere ward; 14 shifts and Donnington ward; 2 shifts); they supported each other to ensure both the wards were covered and patient safety maintained. In addition, Nurse Associates were utilised. Ascot ward had 6 shifts, Windsor ward and Oakwood unit had 2 shifts with less than two registered nurses (April: Ascot ward; 9 shifts, Windsor ward; 0 shifts and Oakwood unit; 0 shifts).

East Community Health Service Wards.

East CHS ward occupancy has increased to 88% (from 79.95% in April); Jubilee ward 88.8%, Henry Tudor ward 87.2%. Jubilee ward had 21 beds and Henry Tudor ward had 24 beds available. East CHS wards requested 300 temporary shifts (200 in April); 137 (45.66%) were for registered nurses (114 in April). A total of 53 shifts (17.66%) were unfilled (43 in April); 8 were for registered nurses (15.09%); 29 shifts in April. There were 0 shifts with less than two registered nurses on either Jubilee ward or Henry Tudor ward (April: 0 shifts with less than two RNs on both Henry Tudor ward and Jubilee ward).

Care Hours per Patient Day (CHPPD)

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. This information is fed in nationally although limited benchmarking data is available. CHPPD for all the inpatient areas within Berkshire Healthcare is captured within Table 1 above alongside the fill rate and bed occupancy. In addition, the SafeCare tool enables wards to capture CHPPD data to illustrate staffing levels and acuity of patients.

SafeCare Data

The SafeCare model is a tool which is aligned to the E Roster system. It assists in accurately matching patient acuity and staffing levels whilst facilitating patient safety and efficiency. Therefore, it can inform decision making both clinically and managerially. The model has been successfully rolled out to both the West and East CHS wards and will commence roll out at PPH at the beginning of June 2022. Data is being utilised monthly to establish themes and evidence staffing on the Community in patient wards. It is envisaged that it will provide useful data for PPH wards alongside the deep dive work which is commencing in June 2022. Current data entry has much improved, but work is still ongoing to improve consistency as this affects the robustness of the data and the reporting. Figures are provided weekly to Senior Managers. This data only factors in nursing staffing for actual available staffing and not therapists who are also working on the wards and contribute significantly to care provision and overall available staffing.

West CHS Wards

West CHS ward data demonstrates that although there were no incidents reported of moderate or above staffing, levels are sub-optimal on every shift. However, a total of 143 (30.75%) shifts were unfilled by bank or agency. If these shifts had been filled staffing levels would be improved for the patient acuity reported. In addition, all the wards have dedicated therapy resources which provide care to patients and therefore this needs to be factored in to assessing the provision of safe and appropriate care. The dates chosen below, illustrate the average figures for each ward. There were no incidents attributed to staffing levels.

A percentage of shifts are covered by bank/agency staff to assist with improving and maintaining staffing levels. On Oakwood Unit 6.66% of RN staff on shift were bank staff (7.67% in April) and 15.95% of non-qualified staff (17.29% in April) were bank staff. 2.73% of RNs on shift and no unqualified shifts were filled by agency. On 15th May the CHPPD data demonstrates that the required level was 8.84 CHPPD with the actual nursing contribution to this being 7.05 CHPPD, the additional input that the 7 wte therapists are able to provide meant that the wards were assessed to be safe although if all shifts had been filled the staffing would have been more optimal. Sickness data taken from Health Roster for May on Oakwood ward showed that RN sickness was 4.86% and non-qualified sickness 12.12% (average 7.86 % for sickness across all staff on Oakwood ward). The trust benchmark is 3.5%. There were no complaints for Oakwood Unit.

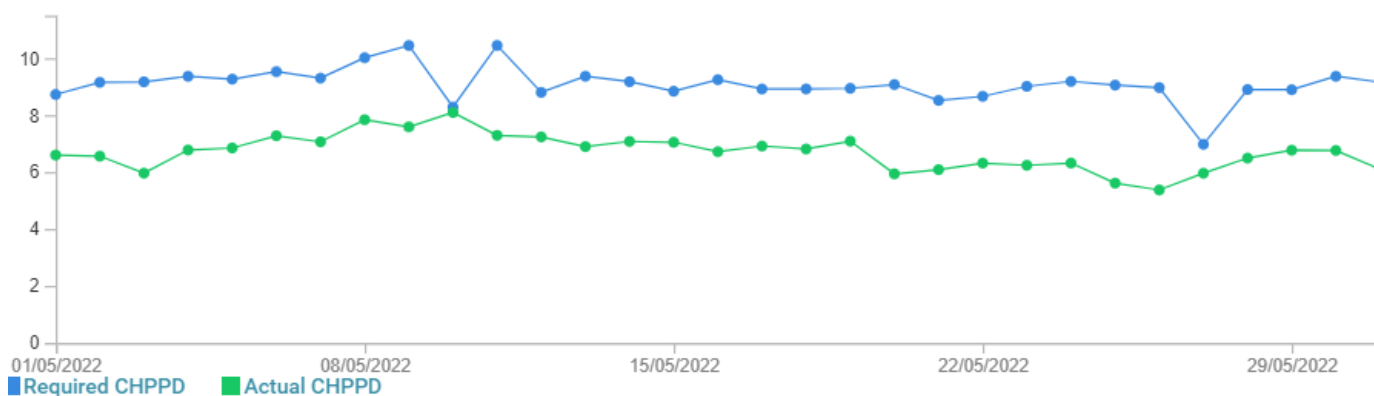
On the West Berkshire Community Hospital wards 9.82% of rostered RN staff were bank staff (9.54% in April) and 13.75% of non-qualified shifts (15.5% in April) were covered by bank staff. 1.39% of RN shifts were covered by agency staff and 9.22% by non-qualified agency staff. As an illustration of actual versus required CHPPD, on 11th May, the graph demonstrates the CHPPD required was 8.05 but the actual was 6.49, however, the therapy staff who work across the wards contribute up to a further 2 CHPPD and therefore the wards were assessed to be safe, although had all shifts been able to be filled the staffing would have been more optimal.

Sickness data for May from Health Roster demonstrated that RN sickness was 11.51% and non-qualified sickness was 6.81% (average sickness for W BCH was 7.49% across all staff groups). There were no incidents or complaints were received for May.

Wokingham ward continues to miss data in places in May which skews some of the data figures. 10.61% of qualified nursing shifts (12.5% in April) and 13.75% of unqualified shifts (12.68% in April) were filled by bank staff. In addition, 2.49 % of shifts were covered by RN agency staff and 4.72% was covered by non-qualified agency staff. As an illustration, on 27th May the CHPPD data shows that the required was 8.8 but the actual was 6.32, however, like the other community wards therapists were available and able to contribute up to 2 CHPPD resulting in the ward being assessed as safe. Staffing would have been optimal for patient need had there been no unfilled shifts. Data taken from Health Roster for May showed that RN sickness was 3.22% and non-qualified sickness was 7.68% (average sickness across all staff groups on Wokingham wards was 6.73%).

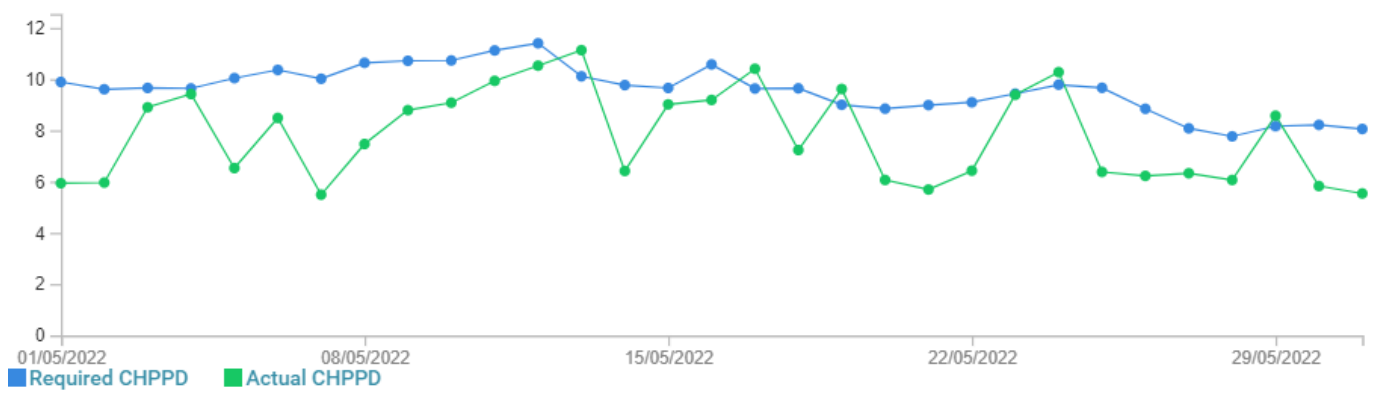
Oakwood Unit:

Required vs Actual CHPPD



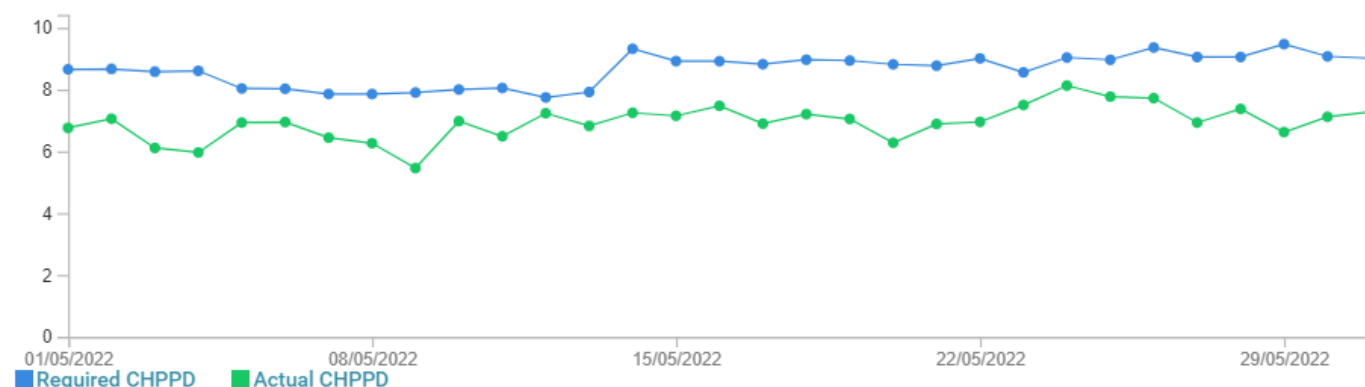
Wokingham Wards:

Required vs Actual CHPPD



West Berkshire Community Hospital:

Required vs Actual CHPPD



East CHS Wards:

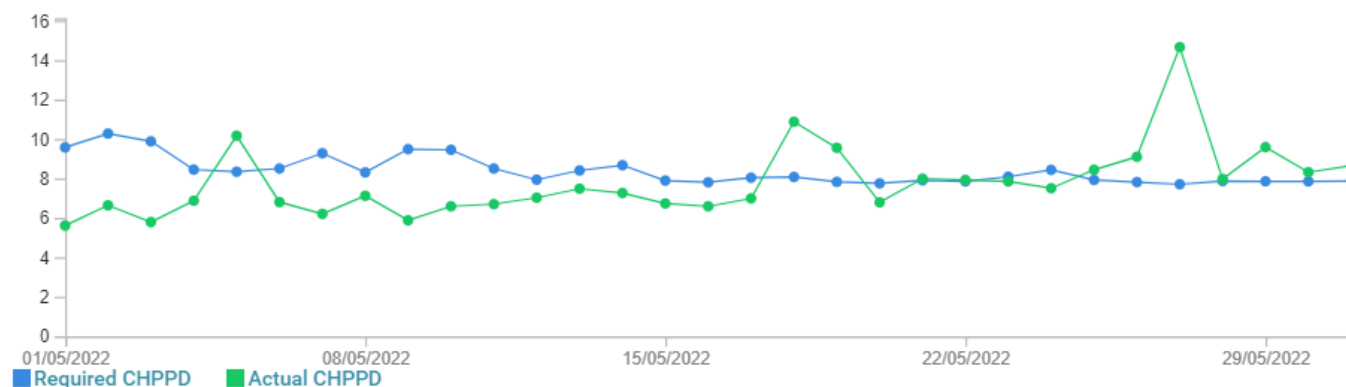
The East wards staffing to patient ratios appear to be sufficient for the acuity of patients on the ward. However, Jubilee data is skewed due to the several missed data entries between 21st and 31st May as the tool continues to be embedded. In addition, like the west community wards, there are therapists and therapy assistants working on the wards who support the nursing staff but are not captured in the SafeCare figures. There were 53 unfilled bank/agency shifts which would have assisted in improving the staffing levels.

Henry Tudor had 11.43% of RN shifts (11.27% in April) and 23.01% of non-qualified shifts (22.44% in April) covered by bank staff. There was 1.75% of shifts covered by RN agency. As an illustration, on 12th May the CHPPD data shows that the required was 7.93 but the actual was 7.02, available therapy would have contributed additional CHPPD meaning that the ward was considered safe. Sickness in April for RNs was 1.63% and non-qualified staff 3.92% (average for all staff groups on Henry Tudor ward in April was 2.61%).

Jubilee ward had 7.91% of RN shifts (15.31% in April) and 14.37% of non-qualified shifts (14.43% in April) covered by bank staff. No agency was used. As an illustration, on 3rd May the CHPPD data shows that the required was 10.10 but the actual was 7.71 as with Henry Tudor ward therapy staff not included in CHPPD would have contributed to the CHPPD for each patient meaning that the ward was safe. Sickness in April for RNs was 0% and for non-qualified nurses 16.2% (average for all staff groups on Jubilee ward in May was 8.04%).

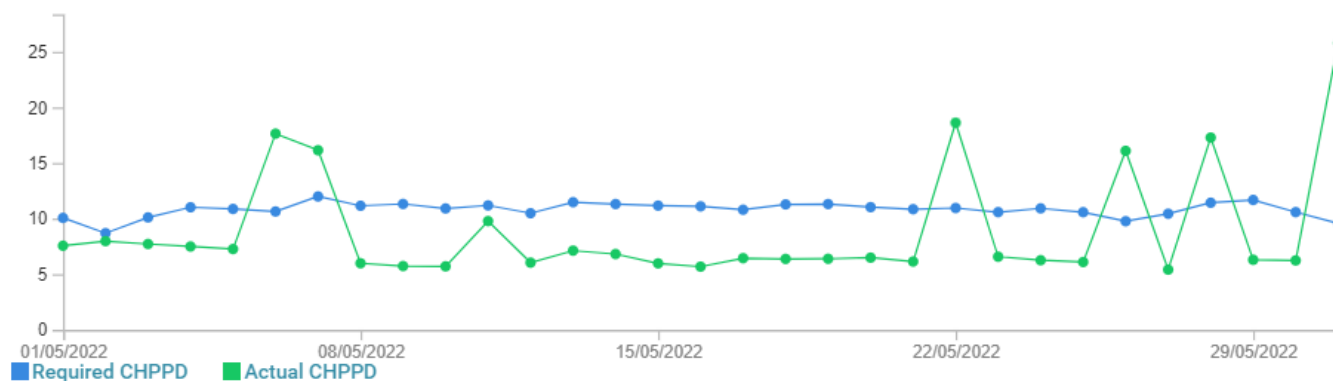
Henry Tudor Ward:

Required vs Actual CHPPD



Jubilee Ward:

Required vs Actual CHPPD



Incidents

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 1. 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 the Table above for Inpatient wards.

Triangulation of complaints and 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.

Risks identified

- Number of current registered nurse vacancies across wards
- Number of bank and agency staff used to ensure safe staffing levels
- Sickness and absence levels

Recruitment and retention

Post recruitment the current overall vacancy rate at PPH is currently 21.09% which is akin to the previous month (21.55%). 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 April (19.57% accounting for offered posts). Current workforce data demonstrates that the RN WTE has decreased to 69.88% (April 72.88%). Turnover is 16.09% which has plateaued since a decrease in February 2022. Reasons for leaving were: retirement, work life balance, ill health and promotion. The number of international nurse recruits has increased to 8. There was some success from the PPH HCA open day and interviews with 6 candidates who were offered positions and another open day is planned for the end of June. For qualified staff, developmental rotational posts have been advertised and six candidates shortlisted. There will be 19 final placement students at PPH from May-July and active input from HR and Senior Managers will include discussing our preceptor programme, vacancies, and other opportunities within the trust. It is envisaged that recruitment will be effective from this group. Recruitment continues to be a challenge across all staff groups as is the national picture.

As part of the international nursing recruitment pilot the East and West CHS wards are going to employ most of our recruits. The aim is to recruit 15 nurses in 2022, with our first cohort planned for June 2022. There were 2 international nurses who were recruited as part of our 2021 cohort that started in December 21 and February 22 respectively. In addition, there have been 3 staff recruited since December 2021 to the CHS wards of newly qualified band 5 nurses, which were sourced by the Resourcing and Retention team and sent through to the ward managers who went onto hire them.

Community nursing

Work is underway both nationally and locally looking at caseload dependency scores and tools. A National tool devised by Keith Hurst will be available within the next few months to support greater understanding with staffing requirements to meet demand and patient acuity. Community nursing is currently working on aligning heat maps across the trust in order that reporting can be compared across each locality. The community data will not be reported until there is sufficient and accurate data available.

Main themes from this month's report:

- Recruitment of both Registered Nurses and HCAs remains challenging in line with the national picture, though Deep dives into staffing are underway
- 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 continues to have some impact on staffing absence across all wards

Safe Staffing Declaration

All the wards have some vacancy, with wards at PPH most significantly affected, and as a result there is continued high use of temporary staff to achieve the position of safe staffing numbers. Additional staff including senior registered practitioners not counted in staffing numbers and therapy staff not included as available in the safer staffing tool but who work on the wards providing direct patient care means that the wards have been assessed as safe, although at time not optimal and there have been no incidents reported as a direct result of staffing.

The high use of temporary staffing reduced registered nursing staff on some shifts and inability to fill all temporary staffing requests means that staffing was not always optimal and patient experience may have been compromised.

Debbie Fulton

Director of Nursing

06/06/2022