

Safe staffing report February 2022

The East Community Health Wards patient numbers are comparable to last month. 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 decreased compared to last month. Wokingham had 3 beds closed to allow for social distancing. Three of the four acute wards at Prospect Park Hospital have over 90% occupancy this month (Bluebell ward 92.5%; Snowdrop ward 95.5%; Rose ward 94.6%) and average occupancy is 89.12%. 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 increased from 76.8% in January to 86.7% and Campion occupancy remained static at 44.4%.

49 staffing incidents were reported (101 in January). The number of shifts reported with less than two registered nurses (RN) per shift is less than last month; 214 were reported in February (17% total shifts across all wards) compared to 272 in January, 247 in December 2021 and 192 in November 2021. 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 3 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 16.41% which has increased from the previous month (13.88%). This is partly due to the number of International Nurse application withdrawals; however, there has been increase in interest and applications from third year student nurses. 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 on looking at alternative ways to recruit all levels of staff which appeals more widely such as open evening events via teams/zoom and this has had some early success with interviews set for early March. Recruitment continues to be a challenge across all staff groups as is the national picture.

Average bed occupancy in the acute adults' wards has decreased from last month to 89.12% from 91.1% in December (Bluebell ward 92.5%; Rose ward 94.6%; Snowdrop ward 95.5%; Daisy ward 73.9%); Daisy ward had beds closed due to COVID-19 during February and continues to have 4 beds ringfenced to enable patient isolation of acute patients at Prospect Park if required which has impacted on occupancy. Sorrel ward's bed occupancy increased to 92.5% from January at 88.0%. Rowan ward's bed occupancy increased to 82.3% (66.1% in January); Orchid ward bed occupancy was similar at 91.1% from 91.5% in January (86.7% average overall). The number of temporary staffing shifts requested for the wards at Prospect Park Hospital for January was 3562; 735 of these were for registered nurse shifts (20.63%). A total of 921 (25.85%) of all temporary staff requests were unfilled for Prospect Park Hospital, 281 of these unfilled requests were for registered nurses (30.51%).

There were 155 shifts with less than two registered nurses on a shift which is 26% all shifts (211 in January 32% shifts). Rowan ward had 37 shifts and Rose had 32 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 bed occupancy was static in January from the previous month at 44.4%. There were 0 shifts with less than two registered nurses. The number of temporary staffing shifts requested for Campion unit was 237; 107 of these were for registered nurse shifts (45.14%). A total of 44 (18.56%) of all temporary staff requests were unfilled. There were 4 unfilled requests for a registered nurse (9.09%).

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	31.32 (28.34%)	79.2 (71.66%)	191.24	38.36 (20.06%)	152.88 (79.94%)

Community Health wards (CHS)

East community ward occupancy is stable at around 76% and is lower than the West community wards at around 83%. Jubilee ward had 16 beds and Henry Tudor ward has its usual compliment of 24 beds available (23 beds in January to meet social distancing and infection control requirements). 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-19 patients.

The average bed occupancy for the West CHS wards has decreased for February to 83.4% from 86.24% in January; (Oakwood Unit 85.1%, Donnington ward 88.3%, Highclere ward 88.1%, Ascot ward 68.3%, Windsor ward 87.2%).

West CHS wards requested 1091 temporary shifts, 440 were for registered nurses (40.32%). A total of 345 (31.62%) shifts were unfilled; 151 were for registered nurses (43.76%).

Highclere ward had 32 shifts and Donnington ward 0 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 22 shifts, Windsor ward 5 shifts 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 at times in all three units during February, this was due to being unable to fill all gaps in the staffing rotas (Example of data is demonstrated in Appendix 1). 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 January was 75.6% (76.65% in January); Jubilee ward 82.4%, Henry Tudor ward 68.8%. East CHS wards requested 271 temporary shifts; 102 (37.63%) were for registered nurses. A total of 29 shifts (10.70%) were unfilled; 6 were for registered nurses (20.68%). 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 February indicates that staffing levels are appropriate for the patient numbers and acuity on both wards. However, the tool is still being embedded on the wards with support to improve consistency of data entry.

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	5 (7.96%)	57.85 (92.04%)	78.88	5 (6.34%)	73.88 (93.66%)
East CHS wards	21.29	4 (18.79%)	17.29 (81.21%)	33.01	5.6 (16.97%)	27.41 (83.03%)
Total	84.14	9 (10.7%)	75.14 (89.30%)	111.89	10.6 (9.48%)	101.29 (90.52%)

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 February 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:

- Three of the four mental health wards had occupancy of over 90% due to COVID-19 and the cohorting of patients.
- 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.

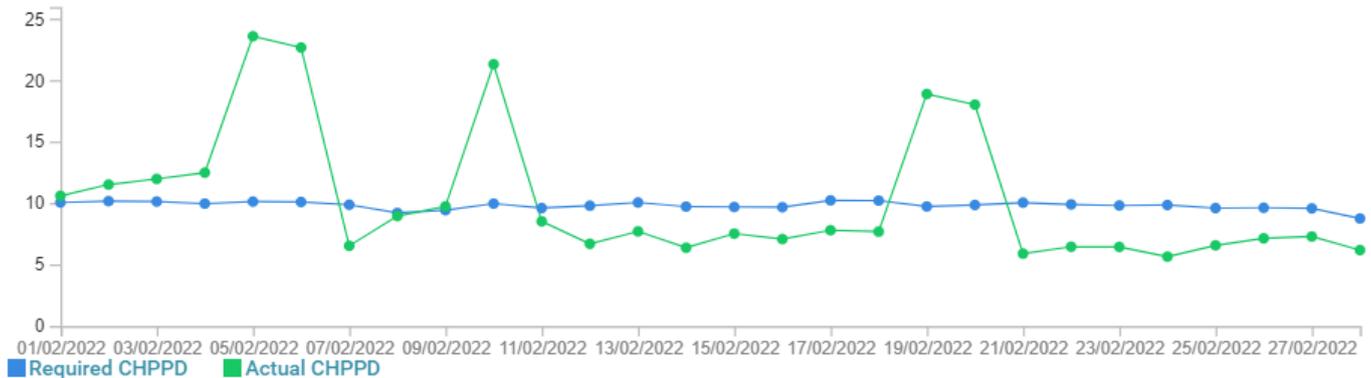
Examples of West and East Community Health Services Data Showing Required v Actual Hours.

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

Oakwood Ward

The graph shows that there were 5 incidents where data was missed which accounts for the graph spikes. At the beginning of the month the actual staffing was above what was required which was partly due to the temporary closure of 12 beds due to staff shortages. Once beds were opened after 7th February staffing is demonstrated to be lower than required.

Required vs Actual CHPPD

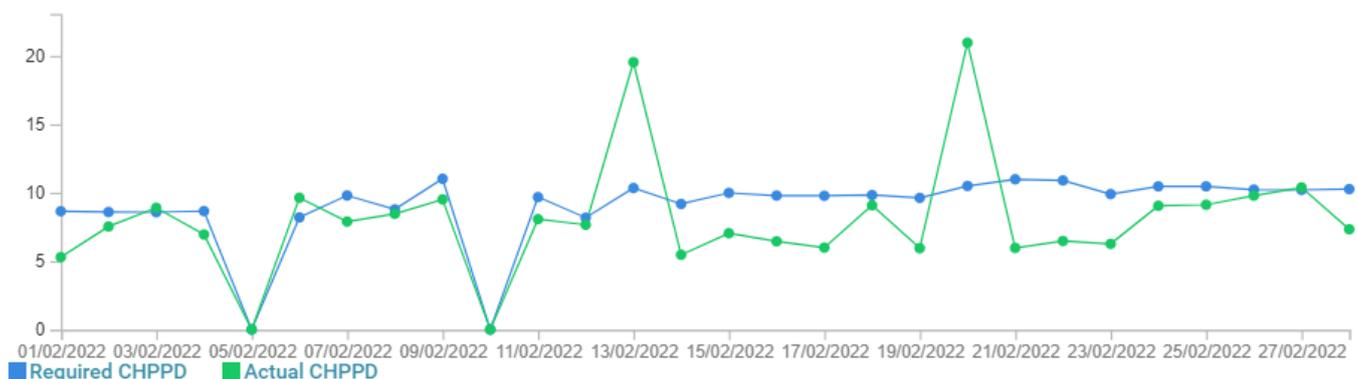


Patients By Type Over Time

Wokingham Wards

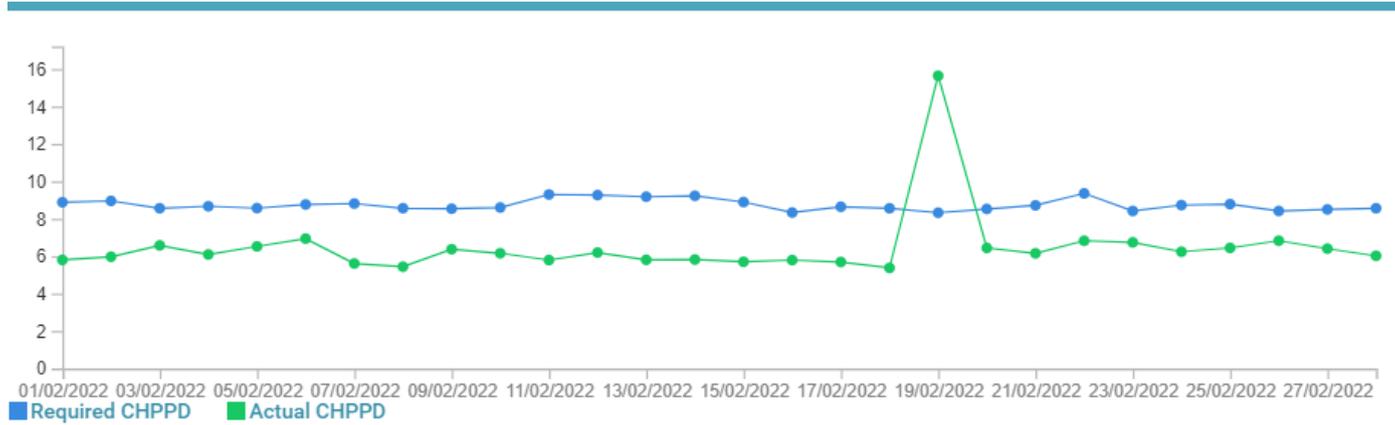
The graph shows that there were 4 days where data was omitted which is demonstrated in the spikes. Data demonstrates that staffing was sub-optimal in relation to patient acuity for the majority of the month of February.

Required vs Actual CHPPD



West Berkshire CHS Wards:

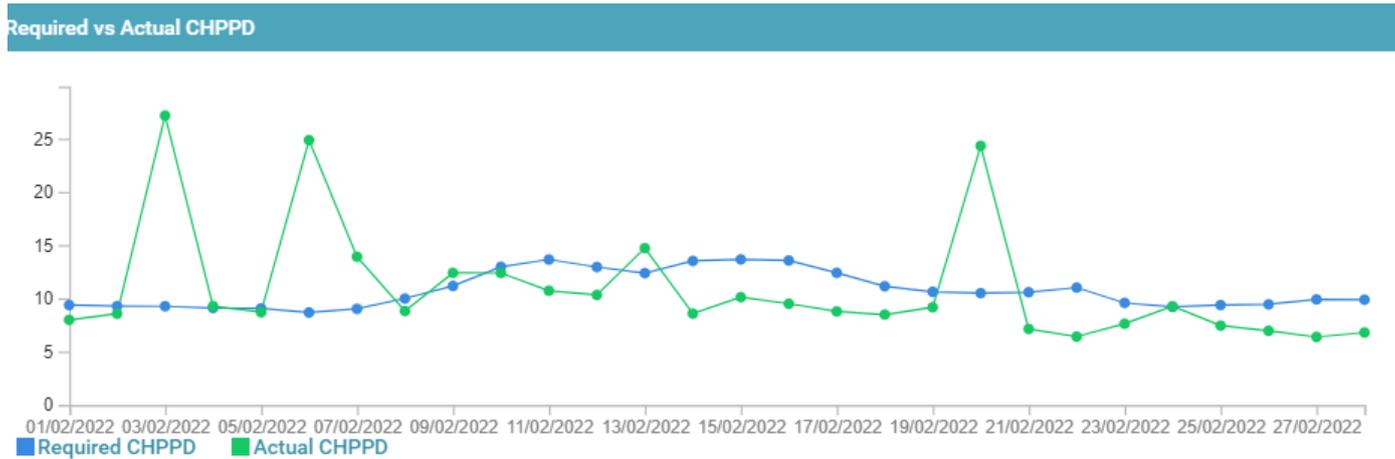
The graph shows that there was only one occasion where data was not entered. For the month of February, it is demonstrated that staffing was consistently below what was required for the acuity of the patients.



East CHS Wards:

Henry Tudor Ward:

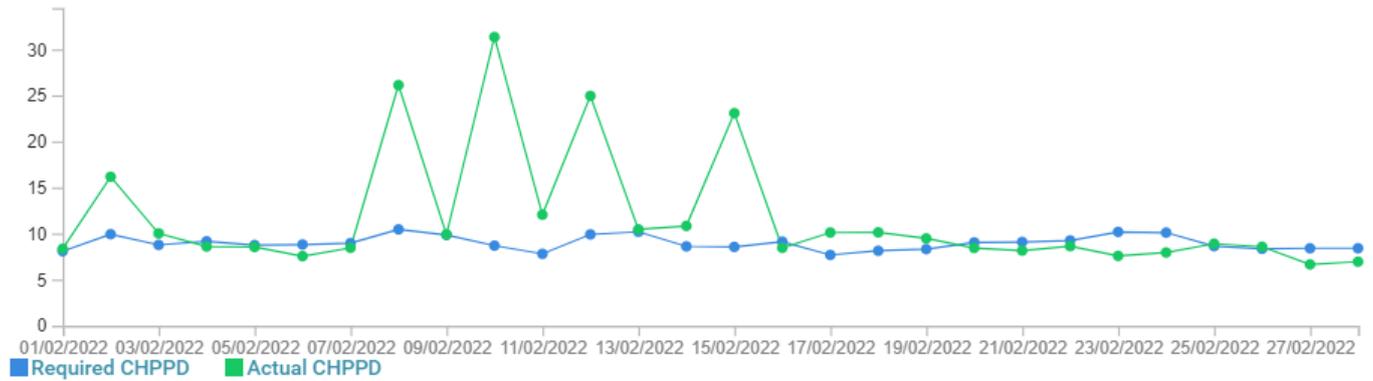
The graph demonstrates 3 spikes where data was omitted but demonstrates improved compliance from previous months. Data demonstrates that staffing was mostly appropriate for the patient acuity on the ward but on occasion was sub optimal.



Jubilee Ward:

The graph demonstrates 5 spikes where data was not added. However staffing levels appear accurate for the patient acuity. The ward is working on improved compliance with completing the data recording.

Required vs Actual CHPPD





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	11.35	90.18	180.80	0.00	0.00	96.43	210.71	0.00	0.00	92.5	570	2.3	8.7	0.0	0.0	11.0	17	8	1	0	[A]
Daisy	35.95	9.15	101.30	104.26	24.00	0.00	98.21	143.75	0.00	0.00	73.9	414	3.1	9.5	0.1	0.0	12.7	16	1	16	0	[A]
Rose	34.15	14.15	75	121.16	0.00	48.00	96.43	125.00	0.00	0.00	94.6	583	2.1	6.3	0.0	0.1	8.5	30	2	1	0	[A]
Snowdrop	35.95	9.87	91.07	108.21	0.00	0.00	100.00	141.96	0.00	0.00	95.5	588	2.3	6.8	0.0	0.0	9.1	14	0	1	0	[A]
Orchid	36.00	7.8	89.29	111.07	0.00	0.00	85.71	175.00	0.00	0.00	91.1	510	2.5	8.7	0.0	0.0	11.2	17	8	0	0	[A]
Rowan	42.00	11.4	77.68	138.23	0.00	88.00	80.36	191.07	0.00	0.00	82.3	461	2.5	10.8	0.0	0.3	13.6	26	11	8	0	[A]
Sorrel	38.00	9	99.11	119.64	0.00	0.00	92.86	129.46	0.00	0.00	92.5	285	4.9	14.3	0.0	0.0	19.2	1	4	0	0	[A]
Campion	37.11	4	133.93	127.92	0.00	16.00	196.43	99.11	0.00	0.00	44.4	112	15.3	28.1	0.0	0.5	44.0	0	0	0	0	[G]
Donnington	63.46	2	90.26	110.71	81.17	0.00	101.79	112.50	0.00	0.00	88.3	742	1.9	4.5	0.3	0.0	6.8	0	0	6	0	[A]
Highclere			77.54	83.52	68.33	75.00	92.86	94.64	0.00	0.00	88.1	370	2.9	4.4	0.3	0.3	7.8	28	4	13	0	[A]
Oakwood	46.67	2	97.62	90.36	0.00	0.00	100.00	128.57	0.00	0.00	85.1	596	3.0	4.4	0.0	0.0	7.4	0	0	0	0	[A]
Ascot	61.31	6	88.39	63.69	0.00	0.00	83.93	132.14	0.00	0.00	68.3	325	3.9	3.7	0.0	0.0	7.6	13	9	1	0	[A]
Windsor			75.60	73.98	0.00	0.00	98.21	103.57	0.00	0.00	87.2	631	2.5	2.7	0.0	0.0	5.2	4	1	2	0	[A]
Henry Tudor	32.80	6.6	120.77	77.32	0.00	76.67	149.00	137.54	0.00	0.00	68.8	454	4.2	4.4	0.0	0.3	8.9	0	0	0	0	[G]
Jubilee	30.23	3	80.42	80.68	0.00	0.00	100.00	100.00	0.00	0.00	82.4	366	3.6	5.5	0.0	0.0	9.1	0	0	0	0	[G]