

## Safe staffing report August 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 83.7% occupancy. West Berkshire Community Health Wards patient numbers have also increased compared to last month with an average of 82.66%. Average occupancy on the acute wards at Prospect Park Hospital is 97.22%, increasing from 94.05% last month. The older adult wards at Prospect Park patient numbers have increased to an average of 85.4% from 73.9% and Campion occupancy has remained similar to last month.

There were 28 reported staffing issues from Datix, and all were of low impact, compared to 52 reported in July. There were no incidents reported of moderate and above harm during the month and no incidents of moderate and above harm from the triangulated data. The number of shifts reported with less than two registered nurses (RN) per shift increased in August to 360 from July which was 272 and June which was 182. The increase is attributed to Prospect Park wards (274 in August; 197 in July; 145 in June).

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	12.35	79.09	161.48	0.00	0.00	85.53	206.55	0.00	0.00	97.90	668	2.0	7.6	0.0	0.0	9.5	27	10	0	0	[A]
Daisy	39.95	12.95	63.71	111.61	0.00	0.00	90.32	127.42	0.00	0.00	98.50	611	2.0	7.0	0.0	0.0	9.0	47	6	15	0	[A]
Rose	44.15	19.15	70.16	134.10	0.00	0.00	85.48	145.16	0.00	0.00	87.60	659	1.9	7.4	0.0	0.0	9.2	37	9	0	0	[A]
Snowdrop	38.31	15.39	59.68	112.45	0.00	0.00	80.65	145.16	0.00	0.00	95.90	654	1.7	7.3	0.0	0.0	9.0	50	12	1	0	[A]
Orchid	41.80	11.6	83.39	210.20	0.00	0.00	74.19	266.47	0.00	0.00	87.60	543	2.3	15.5	0.0	0.0	17.9	17	16	0	0	[A]
Rowan	42.60	18	84.94	204.17	88.33	0.00	74.19	243.55	0.00	0.00	83.20	516	2.2	15.5	0.3	0.0	18.0	18	16	2	0	[A]
Sorrel	37.00	13	94.35	126.13	0.00	0.00	96.77	146.77	0.00	0.00	96.20	328	4.6	14.9	0.0	0.0	19.5	7	2	0	0	[A]
Campion	37.11	4	239.92	259.27	0.00	0.00	150.00	182.26	100.00	0.00	77.80	217	10.6	33.4	0.2	0.0	44.2	0	0	0	0	[G]
Donnington	63.46	5.67	89.98	111.83	81.42	0.00	100.00	96.77	0.00	0.00	88.40	807	2.0	4.4	0.3	0.0	6.7	2	0	3	0	[A]
Highclere			87.50	85.71	50.00	0.00	82.26	91.94	0.00	0.00	94.40	439	2.7	4.5	0.2	0.0	7.4	23	12	5	0	[A]
Oakwood	46.67	5.52	86.02	98.71	0.00	0.00	100.00	103.23	0.00	0.00	79.60	617	2.9	4.8	0.0	0.0	7.7	0	0	0	0	[A]
Ascot	61.31	2.70	85.43	79.78	0.00	0.00	51.61	167.74	0.00	0.00	70.90	389	2.9	4.3	0.0	0.0	7.3	19	30	0	0	[A]
Windsor			124.19	117.20	0.00	0.00	100.00	200.00	0.00	0.00	84.00	712	2.6	3.3	0.0	0.0	5.8	0	0	2	0	[A]
Henry Tudor	32.80	6.3	115.54	83.55	0.00	0.00	157.01	157.01	0.00	0.00	88.00	651	3.3	4.0	0.0	0.0	7.3	0	0	0	0	[G]
Jubilee	30.23	3.4	84.09	78.63	0.00	0.00	101.61	95.16	0.00	0.00	79.40	517	2.9	4.1	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	46.64 (42.2%)	<b>63.88</b> <b>(57.80%)</b> <b>[R]</b>	191.24	54.56 (28.53%)	<b>136.68</b> <b>(71.47%)</b> <b>[R]</b>
Campion	10	2 (20%)	<b>8</b> <b>(80%)</b> <b>[A]</b>	24	2 (8.34%)	<b>22</b> <b>(91.66%)</b> <b>[A]</b>
West CHS wards	62.85	3.77 (5.99%)	<b>59.08</b> <b>(94.01%)</b> <b>[R]</b>	78.88	10.12 (12.83%)	<b>68.76</b> <b>(87.17%)</b> <b>[A]</b>
East CHS wards	21.29	4.2 (19.72%)	<b>17.09</b> <b>(80.28%)</b> <b>[R]</b>	33.01	5.8 (17.57%)	<b>27.21</b> <b>(82.43%)</b> <b>[R]</b>
Total CHS wards	84.14	7.97 (9.47%)	76.17 (90.53%)	111.89	15.92 (14.22%)	95.97 (85.78%)
Total all wards	204.66	<b>56.61</b> (27.66%)	<b>148.05</b> (72.34%)	327.13	<b>72.48</b> (22.15%)	<b>254.65</b> (77.85%)

<b>[G]</b>	Improved position from last month
<b>[A]</b>	No change from last month
<b>[R]</b>	Worse than last month

## **Prospect Park Hospital**

Average bed occupancy in the acute adults' wards has increased from last month to 97.22% from 94.05% in July (Bluebell ward 97.9%; Rose ward 96.6%; Snowdrop ward 95.9%; Daisy ward 98.5%). All beds are open and available. Sorrel ward's bed occupancy increased to 96.2% from 90% in July. Rowan ward's bed occupancy is similar to the previous month at 83.2% (81.8% in July); Orchid ward bed occupancy increased to 87.6% from 73.9% in July (average occupancy 85.4%.)

The number of temporary staffing shifts requested for the wards at Prospect Park Hospital for August was 2570 (3650 in July); 592 of these were for registered nurse shifts (23.04%); 609 in July. A total of 250 (9.72%) of all temporary staff requests were unfilled for Prospect Park Hospital; 602 in July, of these 184 unfilled requests were for registered nurses (73.6%); there were 190 in July. The decrease in requests is due to Matrons, Ward Managers and CDLs covering shifts rather than requesting via temporary staffing.

There were 274 shifts with less than two registered nurses on a shift which is 42.08% of all shifts (197 in July; 30.26% shifts). The two highest figures with less than two registered nurses were from Snowdrop ward with 62 shifts and Daisy ward with 53 shifts. 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 slightly decreased to 77.8% from 78.5% in July. There were 0 shifts with less than two registered nurses. The number of temporary staffing shifts requested for Campion unit was 232; 168 of these were for registered nurses (27.59%). A total of 8 (3.44%) of all temporary staff requests were unfilled. There were 0 unfilled requests for a registered nurse.

## **West Community Health Service Wards.**

The average bed occupancy for the West CHS wards this month has increased to 82.66% compared to 80.92% in July; (Oakwood Unit 79.6%, Donnington ward 84.4%, Highclere ward 94.4%, Ascot ward 70.9%, Windsor ward 84%).

West CHS wards requested 577 temporary shifts (982 in July) 272 were for registered nurses (47.14%); 381 in July. A total of 122 (21.14%) shifts were unfilled (282 in July); 56 were for registered nurses (45.90%); 119 in July.

Highclere ward had 35 shifts and Donnington ward 2 shifts with less than two registered nurses (July: Highclere ward; 25 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 49 shifts, Windsor ward and Oakwood unit had 0 shifts with less than two registered nurses (July: Ascot ward; 42 shifts, Windsor ward 3 shifts and Oakwood unit; 2 shifts).

## **East Community Health Service Wards.**

East CHS ward occupancy has increased from last month to 83.7% (from 78.8% in July); Jubilee ward 79.4%, Henry Tudor ward 88%. Jubilee ward had 21 beds and Henry Tudor ward had 24 beds available (23 beds only from 1st-4th August). East CHS wards requested 238 temporary shifts (282 in July); 65 (27.31%) were for registered nurses (69 in July). A total of 38 shifts (15.96%) were unfilled (38 in July); 17 were for registered nurses (44.74%); 5 shifts in July. There were 0 shifts with less than two registered nurses on either Jubilee ward or Henry Tudor ward (July: 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. Roll out has commenced at PPH but insufficient data is available at present due to the need to continue to facilitate the embedding of the tool. 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 commenced in June 2022 and is ongoing. 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 appear sub-optimal on every shift. However, a total of 122 (21.14%) 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 8.66% of RN staff on shift were bank staff (10.27% in July) and 18.34% of non-qualified staff (21.30% in July) were bank staff. There were 0.80% of non-qualified shifts filled by agency.

On 14th August, the CHPPD data demonstrates that the required level was 9.42 CHPPD with the actual nursing contribution to this being 7.08 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 nursing staffing would have been more optimal. Sickness data taken from Health Roster for August on Oakwood ward showed that RN sickness was 8.23% and non-qualified sickness 14.25% (average 9.60 % for sickness across all staff on Oakwood ward). The trust benchmark is 3.5%. There were no complaints related to staffing, care and treatment for Oakwood Unit.

On the West Berkshire Community Hospital wards 11.77% of rostered RN staff were bank staff (10.59% in July) and 14.63% of non-qualified shifts (15.83% in July) were covered by bank staff. 0 RN shifts were covered by agency staff but 4.72% were covered by non-qualified agency staff. As an illustration of actual versus required CHPPD, on 18th August, the graph demonstrates the CHPPD required was 8.2 but the actual was 6.91, 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 August from Health Roster demonstrated that RN sickness was 7.51% and non-qualified sickness was 7.39% (average sickness for W BCH was 6.42% across all staff groups). There were no incidents or complaints received for August.

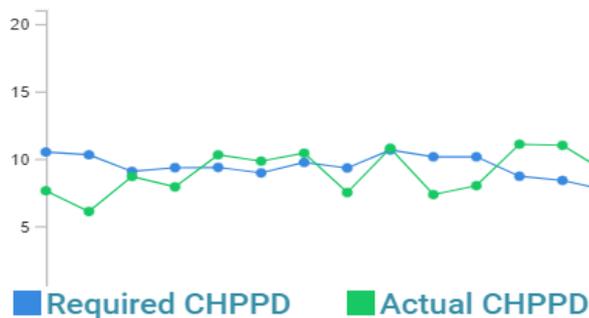
Wokingham ward continued to occasionally miss data in places in August which skews some of the data figures. 11.77% of qualified nursing shifts (12.35% in July) and 15.60% of unqualified shifts (12.35% in July) were filled by bank staff. In addition, no shifts were covered by RN agency staff but 4.03% of non-qualified shifts were covered by agency. As an illustration, on 8th August the CHPPD data shows that the required was 9.31 but the actual was 7.49, 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 August showed that RN sickness was 9.02% and non-qualified sickness was 23.60% (average sickness across all staff groups on Wokingham wards was 13.05%).

**Oakwood Unit:**



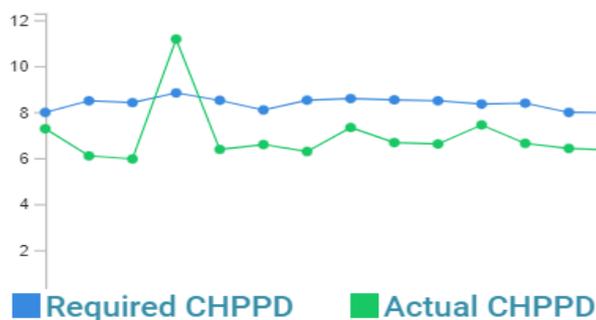
## Wokingham Wards:

### 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 throughout the month 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 38 unfilled bank/agency shifts which would have assisted in improving the staffing levels.

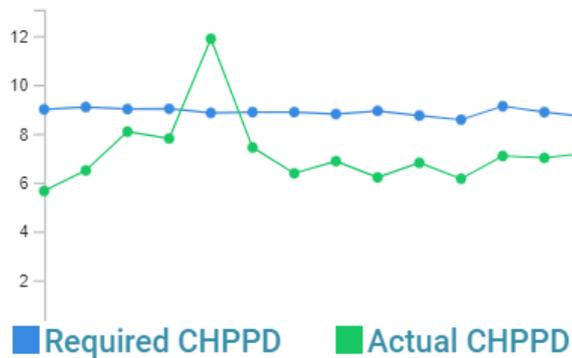
Henry Tudor had 11.03% of RN shifts (9.07% in July) and 26.98% of non-qualified shifts (26.61% in July) covered by bank staff. There were 0.91% of RN shifts covered by agency and 1.41% on non-qualified shifts covered by agency. As an illustration, on 19th August the CHPPD data shows that the required was 9.21 but the actual was 7.50, available therapy would have contributed additional CHPPD meaning that the ward was considered safe. Sickness in August for RNs was 0% and non-qualified staff 3.81% (average for all staff groups on Henry Tudor ward in August was 1.81%).

Jubilee ward had 9.01% of RN shifts (6.76% in July) and 17.17% of non-qualified shifts (15.93% in July) covered by bank staff. No agency was used. As an illustration, on 24th August the CHPPD data shows that the required was 8.02 but the actual was 7.59, however this was difficult to ascertain due to the lack of data entry in several places. Managers continue to be notified where there is lack of data. 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 August for RNs was 5.17% and for non-qualified nurses 15.11% (average for all staff groups on Jubilee ward in July was 10.10%).

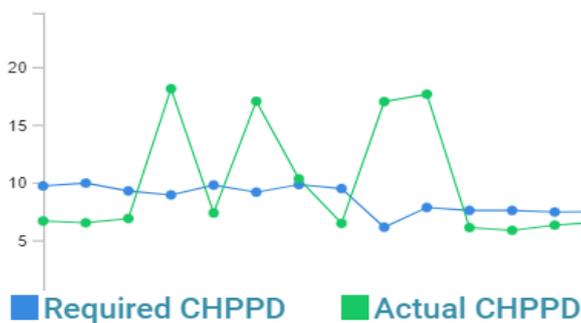
## Henry Tudor Ward:

### 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 19.70%; the previous month was 16.12%. 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 August. Current workforce data demonstrates that the RN WTE has decreased to 57.80% (July 60.51%). Turnover remains at 16.69% which has plateaued since a decrease in February 2022 (16.09% May). Reasons for leaving were: better rewards package, retirement, work life balance, relocation and promotion. The number of international nurse recruits remains at 8. The NHSP temporary to permanent Healthcare Support Worker initiative is ongoing with 12 people recruited to by NHSP. For qualified staff, the developmental rotational posts were readvertised with two suitable candidates shortlisted and interviewed in August taking the number to four. Planning has started for the next cohort of preceptee's joining from September with induction week and monthly space groups and bespoke training. A Recruitment Business Partner has been recruited and is starting in September. 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 to employ most of our recruits. The aim is to recruit 15 general nurses and 5 mental health nurses in 2022. As of August 2022, there have been 7 nurses recruited to the community wards. There is a cohort of 8-10 nurses planned for September pending the outcome of recent interviews. There are 3 mental health nurses still required. A pastoral care officer post is currently under offer which will help with integrating the international nursing recruits.

## Community nursing

Work is underway both nationally and locally looking at caseload dependency scores and tools. It is envisaged that 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, although no official launch date is available. In addition, there is an aim to trial some dependency tools in house commencing in the Autumn. 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 and continue
- 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 but has decreased from previous months

## **Safe Staffing Declaration**

All the wards have some vacancies and as a result there is continued high use of temporary staff to achieve the position of safe staffing numbers. This month there has been less impact on staffing across the Trust due to covid, which is reflected by the decreasing numbers of cases in the local communities. However, the continued high staffing vacancy rate has meant that on occasion there have been higher than usual levels of incidences of less than 2 RN rostered to the wards especially at Prospect Park Hospital. The continual 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. Additional staff including senior registered practitioners not counted in staffing numbers and therapy staff not included in the safer staffing tool work on the wards providing direct patient care which means that the wards have been assessed as safe. There have been no incidents reported as a direct result of staffing.

**Debbie Fulton**

**Director of Nursing**

**05/07/2022**