

Safe staffing report April 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 decreased from last month with an average of 79.95%. West Berkshire Community Health Wards patient numbers have marginally decreased compared to last month with an average of 84.44%. Average occupancy on the acute wards at Prospect Park Hospital is 89.35%. The older adult wards at Prospect Park patient numbers have increased to 79.95% and Campion occupancy has increased to 64.1%.

There were 44 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 is less than last month; 141 shifts were reported in April with 186 were reported in March and 214 in February. 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	35.00	11.35	97.33	165.94	0.00	0.00	85.06	244.55	0.00	0.00	91.8	606	2.4	8.8	0.0	0.0	11.2	9	9	0	0	[A]
Daisy	35.95	9.15	107.00	100.67	45.00	0.00	98.33	146.67	0.00	0.00	89.3	536	2.7	7.8	0.1	0.0	10.6	8	1	18	0	[A]
Rose	34.15	18.15	85.83	135.31	0.00	16.00	96.67	124.17	0.00	0.00	93.0	614	2.3	6.9	0.0	0.0	9.2	19	2	0	0	[A]
Snowdrop	35.95	12.39	82.44	93.67	0.00	0.00	95.00	120.83	0.00	0.00	83.3	550	2.5	6.7	0.0	0.0	9.1	24	5	1	0	[A]
Orchid	36.00	8.6	100.83	165.33	0.00	0.00	105.0	221.67	0.00	0.00	87.5	525	3.0	12.5	0.0	0.0	15.6	7	0	1	0	[A]
Rowan	42.00	15	100.83	216.98	0.00	88.00	68.33	258.80	0.00	0.00	86.2	517	2.6	15.3	0.0	0.	18.1	7	19	4	0	[A]
Sorrel	38.00	10	100.83	121.67	0.00	0.00	95.00	139.17	0.00	0.00	83.6	276	5.5	16.4	0.0	0.0	21.9	3	3	0	0	[A]
Campion	37.11	4	150.83	174.27	0.00	48.00	173.41	157.02	0.00	100.00	64.1	173	11.1	27.7	0.0	0.8	39.6	0	0	2	0	[G]
Donnington	63.46	0	85.24	99.63	79.17	0.00	100.0	99.17	0.00	0.00	89.1	802	1.9	4.0	0.3	0.0	6.2	2	0	3	0	[A]
Highclere			105.80	75.44	16.00	109.33	95.00	95.00	0.00	0.00	93.2	413	3.3	4.0	0.1	0.4	7.7	11	3	12	0	[A]
Oakwood	46.67	2.92	77.22	90.33	0.00	0.00	100.0	100.00	0.00	0.00	81.7	613	2.7	4.3	0.0	0.0	7.0	0	0	4	0	[A]
Ascot	61.31	7.32	96.67	67.19	0.00	0.00	95.00	103.33	0.00	0.00	79.0	426	3.5	2.9	0.0	0.0	6.4	6	3	1	0	[A]
Windsor			115.83	107.78	0.00	0.00	100.0	200.00	0.00	0.00	79.2	625	2.7	3.4	0.0	0.0	6.1	0	0	0	0	[A]
Henry Tudor	32.80	4.6	118.17	83.76	0.00	51.33	158.68	147.98	0.00	0.00	76.3	549	3.8	4.3	0.0	0.1	8.2	0	0	0	0	[G]
Jubilee	30.23	2.6	77.06	89.19	0.00	0.00	100.0	100.00	0.00	0.00	83.6	475	2.9	4.8	0.0	0.0	7.7	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 and other absence is reported a month in arrears so is not available for this report.

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	37.64 (34.06%)	72.88 (65.94%)	191.24	40.56 (21.21%)	150.68 (78.79%)
Campion	10	1 (10%)	9 (90%)	24	3 (12.5%)	21 (87.5%)
West CHS wards	62.85	5.46 (8.69%)	57.39 (91.31%)	78.88	4.78 (6.06%)	74.1 (93.94%)
East CHS wards	21.29	2.6 (12.12%)	18.69 (87.78%)	33.01	4.6 (13.94%)	28.41 (86.06%)
Total CHS wards	84.14	8.06 (9.58%)	76.08 (90.42%)	111.89	9.38 (8.39%)	102.51 (91.61%)
Total all wards	204.66	46.7 (22.81%)	157.96 (77.19%)	303.13	52.94 (17.46%)	274.19 (82.54%)

Prospect Park Hospital

Average bed occupancy in the acute adults' wards has decreased from last month to 89.35% from 93.13% in March (Bluebell ward 91.8%; Rose ward 93.0%; Snowdrop ward 83.3%; Daisy ward 89.3%); Daisy ward had beds 2 beds ringfenced to enable patient isolation of acute patients at Prospect Park if required (usage at around 40%). Snowdrop ward figures were lower due to an outbreak of Covid on 4th April and were closed to admissions until 14th April. Sorrel ward's bed occupancy decreased to 83.6% from March at 97.4%. Rowan ward's bed occupancy increased to 86.2% (72.1% in March); Orchid ward bed occupancy increased to 87.5% from 81% in March.

The number of temporary staffing shifts requested for the wards at Prospect Park Hospital for April was 3401 (3717 in March); 536 of these were for registered nurse shifts (15.76%); 746 in March.

A total of 542 (15.93%) of all temporary staff requests were unfilled for Prospect Park Hospital; 767 in March, 142 of these unfilled requests were for registered nurses (26.19%); there were 174 in March.

There were 116 shifts with less than two registered nurses on a shift which is 18.41% all shifts (136 in March 21% shifts). The two highest figures were from Snowdrop ward with 29 shifts and Rowan with 26 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 64.1% from 55.59% in March. There were 0 shifts with less than two registered nurses. The number of temporary staffing shifts requested for Campion unit was 366; 127 of these were for registered nurse shifts (34.69%). A total of 57 (15.57%) of all temporary staff requests were unfilled. There were 8 unfilled requests for a registered nurse (14.35%). There were 2 complaints received for Campion unit, but neither were attributed to staffing levels.

West Community Health Service Wards

At West Berkshire Community Hospital there were 2 beds not in use during April due to the cohorting needs of patients. Oakwood Unit had an outbreak of Covid and was closed to admissions from 4th-12th April. It was fully open from 13th April.

The average bed occupancy for the West CHS wards is similar for April at 84.44% compared to 85.32% in March; (Oakwood Unit 81.7%, Donnington ward 89.1%, Highclere ward 93.2%, Ascot ward 79%, Windsor ward 79.2%).

West CHS wards requested 938 temporary shifts (1171 in March) 374 were for registered nurses (39.87%); 161 in March. A total of 279 (29.74%) shifts were unfilled (359 in March); 115 were for registered nurses (41.21%); 161 in March.

Highclere ward had 14 shifts and Donnington ward 2 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. Ascot ward had 9 shifts, Windsor ward and Oakwood unit had 0 shifts with less than two registered nurses.

East Community Health Service Wards

East CHS ward occupancy has decreased to 79.95% (from 83.90% in March); Jubilee ward 84.7%, Henry Tudor ward 83.1%. Jubilee ward had 21 beds and Henry Tudor ward has its usual compliment of 24 beds available. East CHS wards requested 200 temporary shifts (390 in March); 114 (57%) were for registered nurses (178 in March). A total of 43 shifts (21.5%) were unfilled (40 in March); 29 were for registered nurses (67.44%); 7 shifts in March. There were 0 shifts with less than two registered nurses on either Jubilee ward or Henry Tudor 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 end of May 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 May 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 279 (29.74%) 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 resource which provides care to patients and therefore 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 7.67% of RN staff on shift were bank staff and 17.29% of non-qualified staff were bank staff. 3% of RNs on shift and 2.8% of unqualified shifts were filled by agency. On 18th April the CHPPD data demonstrates that the required level was 8.73 CHPPD with the actual nursing contribution to this being 5.94 CHPPD, the additional input that the 7wte therapists can 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 SafeCare for April on Oakwood ward showed that RN sickness was 19.06% and non-qualified sickness 25.51% (average 19.35% for sickness across all staff on Oakwood ward). The trust benchmark is 3.5%, demonstrating very high levels of absence, in part due to Covid. There were no complaints for Oakwood Unit.

On the West Berkshire Community Hospital wards 9.54% of rostered RN staff were bank staff and 15.5% of non-qualified shifts were covered by bank staff. 4.90% of non-qualified rostered staff were agency staff, there was no registered nursing agency used. As an illustration of actual versus required CHPPD, on 14th April, the graph demonstrates the CHPPD required was 8.50 but the actual was 5.78, however, the therapy staff who work across the wards contribute up to a further 2

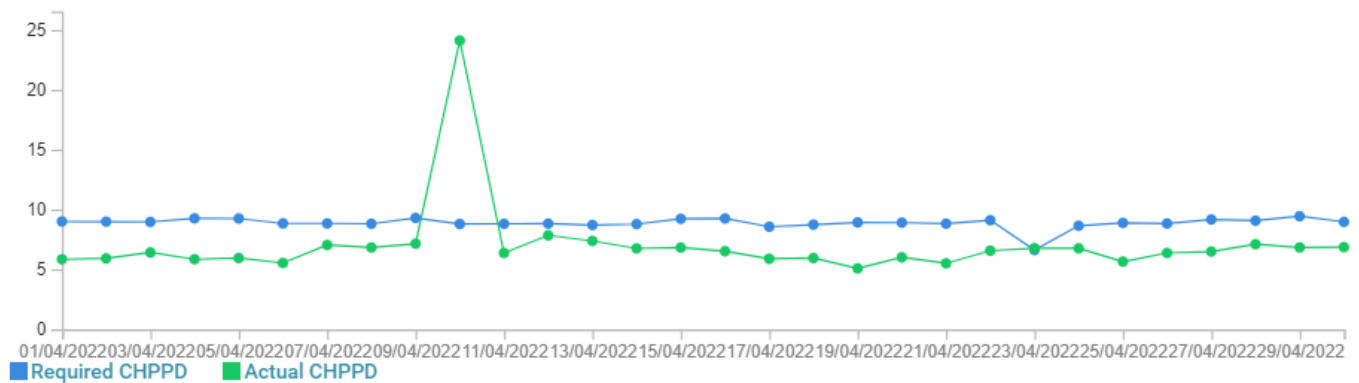
CHPPD and therefore the wards were assessed to be safe, although had all shifts been able to be filled the staffing would have been more optimal.

Sickness data for April from SafeCare demonstrated that RN sickness was 8.49% and non-qualified sickness was 9.06% (average sickness for WBCH was 7.78% across all staff groups). There were no incidents or complaints were received for April.

Wokingham ward data has some missing data in places between 7th and 10th of April which skews some of the data. 12.5% of qualified nursing shifts and 12.68% of unqualified shifts were filled by bank staff. In addition, 1.4% was covered by non-qualified agency staff; there were no qualified agency staff used. As an illustration, on 17th April the CHPPD data shows that the required was 11.4 but the actual was 8.28, 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 SafeCare for April showed that RN sickness was 6.84% and non-qualified sickness was 13.28% (average sickness across all staff groups on Wokingham wards was 9.76%). There was 1 complaint received on 19th April on Windsor ward, but it was not attributed to staffing levels.

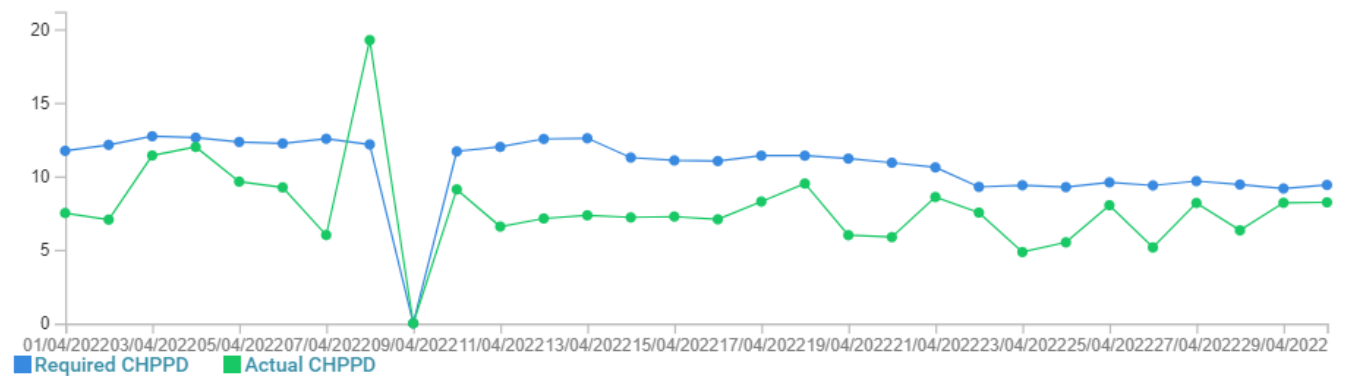
Oakwood Unit:

Required vs Actual CHPPD



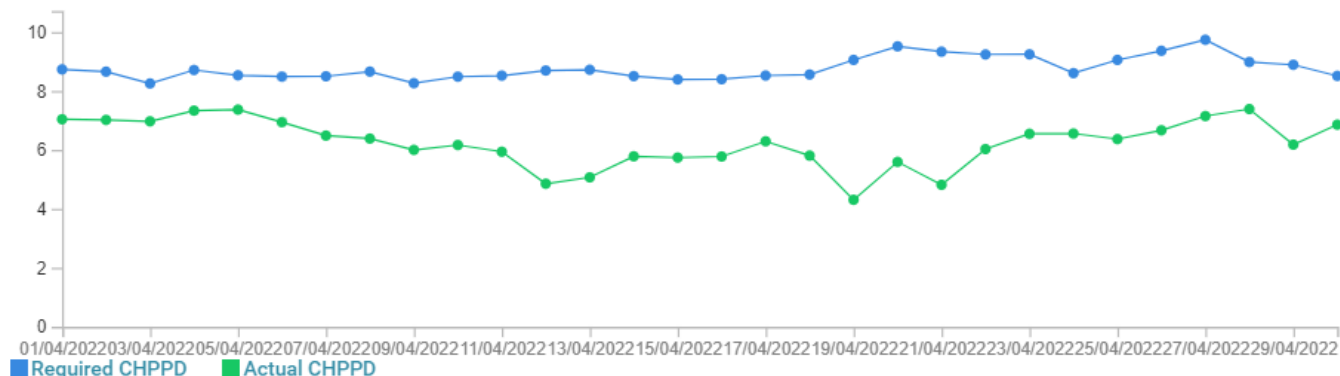
Wokingham Wards:

Required vs Actual CHPPD



West Berkshire Community Hospital:

Required vs Actual CHPPD



East CHS Wards:

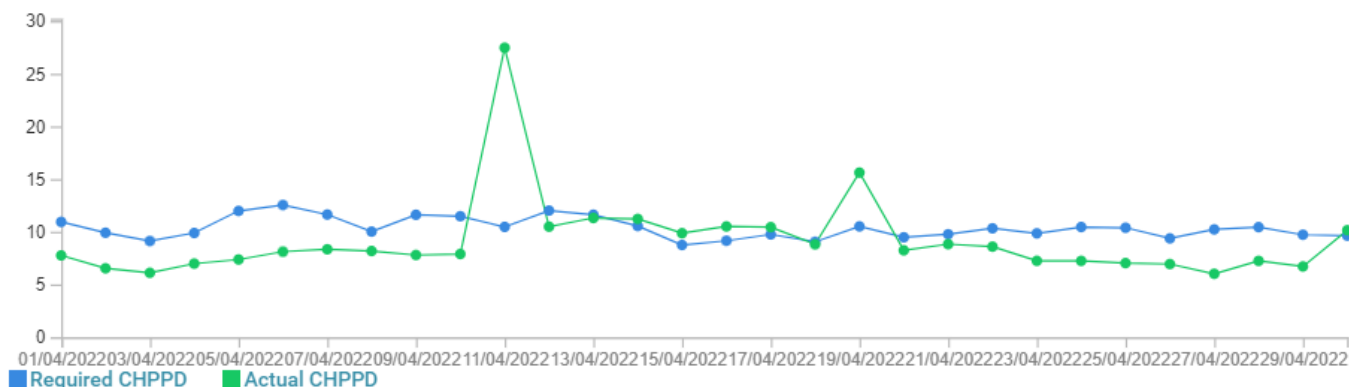
The East wards staffing to patient ratios appear to be sufficient for the acuity of patients on the ward. However, Jubilee data is skewed due to the several missed data entries as the tool is embedded. In addition, like the west community wards, there are therapists and therapy assistants working on the wards who support the nursing staff but are not captured in the Safecare figures. There were 43 unfilled bank/agency shifts which would have assisted in improving the staffing levels.

Henry Tudor had 11.43% of RN shifts and 22.44% of non-qualified shifts covered by bank staff. There was no agency used. As an illustration, on 15th April the CHPPD data shows that the required was 9.86 but the actual was 8.74, available therapy would have contributed addition CHPPD meaning that the ward was considered safe. Sickness in April for RNs was 0% and non-qualified staff 3.22% (average for all staff groups on Henry Tudor ward in April was 1.83%).

Jubilee ward had 15.31% of RN shifts and 14.43 of non-qualified shifts covered by bank staff. No agency was used. As an illustration, on 11th April the CHPPD data shows that the required was 9.99 but the actual was 8.13 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 0.75% and for non-qualified nurses 10.38% (average for all staff groups on Jubilee ward in April was 6.12%).

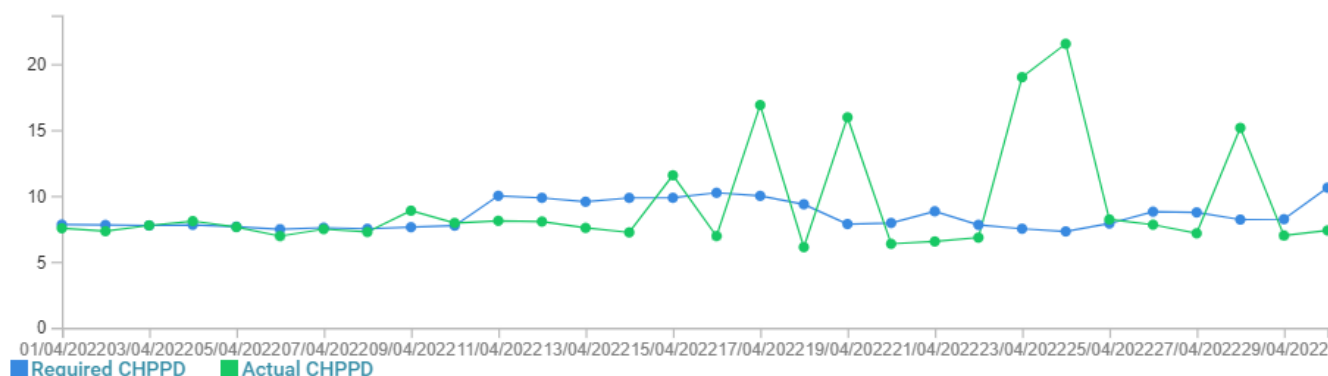
Henry Tudor Ward:

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 21.55% which has increased from the previous month (17.27%). 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). Rose ward had 4 resignations: 2 registered and 2 unregistered staff. Reasons for leaving were promotion (within the trust) and further education. The number of international nurses has reduced to 6 due to 1 candidate pursuing a position with another trust. There was some success from the PPH HCA open day and interviews with 6 candidates who were offered positions. For qualified staff developmental rotational posts are out to advert. In addition, there will be 17 final placement students at PPH from May-July.

Active input from HR will include discussing our preceptor programme, vacancies, and other opportunities within the trust. It is envisaged that recruitment will be effective from this group with 4 already being offered roles following interviews. 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, that 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. In addition, during April the impact of Covid on both our permanent staff on some wards as well as across the temporary workforce has resulted in wards across the trust being below their optimal staffing on many occasions.

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

06/05/2022