

## Safe staffing report April 2020

COVID-19 has impacted on all inpatient areas throughout the month with the staff redeployment programme in full use to support teams. Bed occupancy in the majority of inpatient areas has been lower than expected which has helped in managing patient acuity and at times reduced staff numbers.

The reports staffing figures include those staff who are redeployed who have been added to the E-roster.

127 staffing incidents were reported, the same as March, although it is noted that due to the changes in staffing teams, under reporting is possible to have increased this month. The number of shifts reported with less than two registered nurses (RN) per shift increased significantly once again to 118 from 82 last month, this includes redeployed staff. All incidents were recorded as low or having no impact due to the mitigation put in place by staff. There were two shifts reported on Bluebell ward where there was no registered nurse rostered on duty; staff were moved to support the ward.

Whilst the NHS is responding to the COVID-19 pandemic, the collection and external reporting of Care Hours Per Patient Day (CHPPD) has been suspended; internally monitoring of safe staffing will continue. The WTE establishment and vacancy numbers for each of the wards is not included in this report as staff are currently deployed from other services into all ward areas making this less meaningful.

## Patient Quality

### Mental Health wards

The reduced bed occupancy on the wards meant there were lower numbers of patients who required increased levels observations, except for Sorrel ward. Following induction, redeployed staff have covered required shifts supported by permanent staff. There has also been increased staff numbers to assist wards to with patients personal care needs on the ward, both with patients and their environment. Orchid continued to experience high patient acuity as a result of both physical and mental health needs.

Average bed occupancy in the acute adults wards decreased this month at 73.43%, (Bluebell ward 74.1%, Rose ward 82.1%, Daisy ward 58.9%, and Snowdrop ward 78.6%). Sorrel ward's bed occupancy decreased to 84.2% from 93% last month. Both Rowan and Orchid's bed occupancy decreased, (Rowan 40% from 70.2%; Orchid's 71.5% from 89.8%).

During April, Rowan ward was used to cohort the positive COVID-19 patients, physical health nurses were redeployed to Rowan ward to assist in meeting the physical health needs of the patients. The number of temporary staffing shifts requested for the wards at Prospect Park Hospital for March was 1873, 518 of these were for registered nurse shifts (27.7%). A total of 261 (13.9%) of all temporary staff requests were unfilled for Prospect Park Hospital, 78 of these unfilled requests were for registered nurses (29.9%).

There were 73 shifts with less than two registered nurses on a shift. 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. The movement of staff was kept within designated groups where possible to reduce any potential infection control risks.

Campion unit bed occupancy increased this month to 67.4% from 55.9% in March. There were no shifts with less than two registered nurses. The number of temporary staffing shifts requested for Campion unit was 368, 93 of these were for registered nurse shifts (25.3%). A total of 73 (19.8%) of all temporary staff requests were unfilled; there were 10 unfilled requests for a registered nurse (13.7%). Some periods during the month had just one nurse on duty for very short periods but this was covered by staff being flexible and additional cover was provided by the Consultant Nurse and Service Manager. Two admissions of distressed patients from the community resulted in higher observation levels.

Willow House remained closed until the 15th April as part of their refurbishment programme, reflected in their bed occupancy of 14.4% for April. The number of temporary shifts requested when the unit was open was 101, with 35 shifts requested for registered nurses (34.6%). 15 shifts were unfilled (14.8%) 2 of which were for registered nurses. One night shift were reported with less than two registered nurses. Patient numbers were lower on this shift and support was available from the nurse on call.

### **Community Health wards (CHS)**

Lower bed occupancy assisted all community wards in April and redeployed staff covered required shifts following their induction. Some wards continued to have new staff redeployed throughout the month with permanent staff supporting them; a number of redeployed staff were not included in the staff roster due to their available hours so supplemented the staffing levels on the wards across shifts. During April, the community health wards managed the positive COVID-19 patients through appropriate cohorting.

The average bed occupancy for the West CHS wards decreased to 69.61% from 86.79% last month, (Oakwood Unit 55.9%, Donnington ward 72.7%, Highclere ward 63.2%, Ascot ward 82.4%, Windsor 73.9%). West CHS wards requested 1008 temporary shifts, 476 were for registered nurses (47.2%). A total of 230 shifts were unfilled (22.8%), 116 were for registered nurses (50.4%). Highclere had 19 shifts with less than two registered nurses; staff from Donnington ward supported during these shifts. Ascot ward had 12 shifts with less than two registered nurses and Windsor had 6; both wards supported each other during these shifts. Oakwood had 2 shifts less than two registered nurses for night shift which were supported by the manger on call and Donnington had no shifts with less than two registered nurses. Highclere ward prepared for an extra 5 patients but these beds were never utilised.

East CHS wards average bed occupancy decreased to 49.15% compared to 77.65% in March, (Jubilee ward 45.9%, Henry Tudor wards 52.4%). East CHS wards requested 186 shifts, 80 were for registered nurses (43%). 61 shifts were unfilled (32.8%), 29 were for registered nurses (47.5%). There were 7 shifts with less than two registered nurses on Henry Tudor; senior staff supported the ward during these shifts.

Due to the very low patient numbers staffing was adjusted on Jubilee ward, although the potential fire risk remained a focus and appropriate staffing was in place to cover patient evacuation, particularly at night.

### **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 levels. No incidents reported were linked to safe staffing.

### **Safe Staffing Declaration**

Across the trust the wards have been supported by a high level of redeployed staff. During April, the ward managers have faced additional challenges due to the increased absence of staff and significant number of redeployed staff, however, they have worked hard to maintain safety.

### **Financial Implications**

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

## Risk Implications

- Increased staff sickness and self-isolation linked to COVID-19
- Difficulty in securing temporary staff due to COVID-19
- Number of registered nurse vacancies across Prospect Park Hospital, Oakwood Unit, Wokingham wards, Henry Tudor ward and Willow House
- Large number of newly qualified registered nurses requiring preceptorship from senior staff at Prospect Park Hospital
- Risk of redeployed staff being unfamiliar with the ward environments

## 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. Collection of this data has only just commenced nationally so there is currently limited benchmarking data available at present. CHPPD for all of the inpatient areas within Berkshire Healthcare is captured within Table 3 alongside the fill rate and bed occupancy.

**Table 3** shows the CHPPD on Berkshire Healthcare wards for November and provides comparison with available data in model hospital when comparing with other Trusts rated by CQC as 'good'. Going forward, we aim to benchmark against Outstanding organisations, however, Model Hospital have yet to update the Berkshire Healthcare Outstanding rating.

**Table 3**

Table 3: Reported CHPPD per ward during April 2020		Data taken from Model Hospital's latest available report November 2019	
Ward	BHFT	Peer median	National median
Bluebell	9.2	9.3	9.49
Daisy	11.7		
Rose	9.2		
Snowdrop	9.4		
Rowan	14.3	10.64	10.89
Orchid	19.7		
Sorrel	21.3	17.72	18.9
Campion	26.8	28.82	28.31
Willow House *		22.88 (Sept)	18.73 (Sept)
Donnington	7.5	7.91	7.51
Highclere	8.0		
Oakwood	9.8		
Ascot	7.4		
Windsor	6.3		
Henry Tudor	9.7		
Jubilee	12.3		

\* Unit closed until 15<sup>th</sup> April.

Comparison with the national and peer medians demonstrate a continued variance between BHFT wards and other comparable trusts, this variance is affected also by the level of additional observations required. These figures reflect the CHPPD for this period when COVID-19 impacted on the wards. Due to the lower than expected bed occupancy they are comparable to national medians; it should be noted that at times all wards dealt with high patient acuity due to the COVID-19 positive patients.

The Allied Health Professional (AHP) CHPPD collated and upload to NHSi as part of the safe staffing rota fill rates and CHPPD collection this month has shown the challenges with registered therapy staff at PPH due to their high vacancy rate. Occupational therapists continued to working centrally. The data for this month's reflects the overall hours at PPH although there may be variance in the accuracy of the CHPPD for individual wards due to the current working arrangements.



Recorded AHP CHHPD hour across other areas has also been lower this month due to vacancies, sickness and annual leave.

## **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 considered to be 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 of 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) 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.



# Berkshire Healthcare

NHS Foundation Trust

[Green]	[Amber]	[Red]
No identified impact on quality and safety of care provided as a result 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 HOUSE 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	34.15	90.00	119.17	0	0	91.67	98.89	0	0	74.10%	489	2.9	6.3	0	0	9.2	12	5	21	0	0	[A]
Daisy	32.15	100.28	108.75	0	0	95.00	112.27	0	0	58.90%	389	3.9	7.8	0	0	11.7	2	3	10	0	0	[A]
Rose	32.15	90.83	128.33	0	0	95.00	130.00	0	0	82.10%	542	2.6	6.6	0	0	9.2	14	3	1	0	0	[A]
Snowdrop	32.15	115.00	114.18	0	69.00	100.00	134.34	0	0	78.60%	519	3.2	5.9	0	0.2	9.4	2	1	0	0	0	[A]
Orchid	32.15	109.17	126.67	0	0	118.37	217.78	0	0	71.50%	429	4.1	10.2	0	0	14.3	5	8	0	0	0	[A]
Rowan	34.5	99.17	97.27	0	97.17	90.00	124.42	0	0	40.00%	240	6.1	12.9	0	0.6	19.7	12	6	1	0	0	[G]
Sorrel	30	130.00	138.75	0	0	103.33	163.33	0	0	84.20%	278	6.6	14.7	0	0	21.3	0	0	0	0	0	[G]
Campion	31.46	132.06	103.61	0	24.00	72.96	128.31	0	0	67.40%	182	8.3	18.3	0	0.2	26.8	0	0	0	0	0	[G]
Willow House	23.42	53.33	45.12	0	0	51.67	55.00	0	0	14.40%	39						0	1	0	0	0	[G]
Donnington	64.4	105.56	100.37	0	25.49	98.33	98.33	0	100	72.70%	654	3.1	3.9	0	0.5	7.5	0	0	23	0	0	[G]
Highclere		93.67	87.91	93.75	83.83	73.33	93.66	0	100	63.20%	436	3.3	3.2	0.3	1.3	8.0	4	15	64	0	0	[G]
Oakwood	40.32	101.67	125.67	0	0	110.00	140.00	0	0	55.87%	579	3.5	6.3	0	0	9.8	0	2	0	0	0	[A]
Ascot	61.31	78.67	90.00	0	0	88.33	123.33	0	0	82.40%	420	3.5	3.9	0	0	7.4	5	7	7	0	0	[A]
Windsor		84.88	105.79	0	40.00	90	100	0	0	73.90%	609	2.8	3.4	0	0.1	6.3	0	6	0	0	0	[A]
Henry Tudor	31.06	98.33	85.00	0	0	94.86	98.19	0	0	52.40%	377	4.0	5.7	0	0	9.7	4	3	0	0	0	[G]
Jubilee	31.52	108.67	75.28	0	0	100.00	114.07	0	0	45.90%	303	5.4	6.9	0	0	12.3	0	0	0	0	0	[G]