

## Safe staffing report March 2020

The impact of COVID-19 during the second half of the month was felt across all inpatient areas, due to higher acuity of patients and increased sickness and self-isolation of staff.

In March 127 staffing incidents were reported compared to 126 in February. The number of shifts reported with less than two registered nurses (RN) per shift increased significantly this month to 82 from 24 last month. All incidents were recorded as low or having no impact due to the mitigation put in place by staff. There were two shifts reported where there was no registered nurse rostered on duty; mitigations were put in place. At the end of March, the staff redeployment programme was commenced. 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

Average bed occupancy in the acute adults wards remained the same this month at 89.98%, (Bluebell ward 85.6%, Rose ward 95.9%, Daisy ward 91.6%, and Snowdrop ward 86.8%). Sorrel ward's bed occupancy increased to 93% from 82.1% last month. Rowan's bed occupancy increased to 70.2% from 64.5%; Orchid's decreased to 89.8% compared to 95% in February. Patient acuity remained high across wards with increased levels of observation; Orchid continued to experience high patient acuity as a result of both physical and mental health needs. At the end of the month other wards were dealing with increased patient physical health needs and associated higher levels of anxiety on the ward due to COVID-19.

The number of temporary staffing shifts requested for the wards at Prospect Park Hospital for February was 2218, 609 of these were for registered nurse shifts (27.5%). A total of 302 (13.62%) of all temporary staff requests were unfilled for Prospect Park Hospital, 73 of these unfilled requests were for registered nurses (24.17%).

There were 60 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.

PPH continues to recruit new staff with registered nurses vacancies decreasing. These staff are supported by senior staff on the ward and the senior management team. To support with the COVID-19 management, CMHT staff have been redeployed into Prospect Park from the end of March.

Campion unit bed occupancy decreased again to 55.9% from 65.1% in February. There was one shift with less than two registered nurses; senior staff supported the unit during this shift. The number of temporary staffing shifts requested for Campion unit was 394, 95 of these were for registered nurse shifts (24.1%). A total of 17 (4.31%) of all temporary staff requests were unfilled; there were 3 unfilled requests for a registered nurse. There continues to be high levels of observations for a number of patients on the unit, these are due to safeguarding concerns and patient and staff vulnerability.

Willow House closed on the 20th March for essential work, and is reflected in their bed occupancy of 25.1% for February. The number of temporary shifts requested when the unit was open was 144, with 66 shifts requested for registered nurses (45.8%). 14 shifts were unfilled (9.72%) 4 of which were for registered nurses. Four shifts were reported with less than two registered nurses during that time, two of these were for 4 hours in the evening. The Ward Manager supported the team during weekdays 9-5pm and there was access to a manager/senior nurse on call out of hours.

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

The average bed occupancy for the West CHS wards decreased to 86.79% from 88.26% last month, (Oakwood Unit 88.63%, Donnington ward 87.7%, Highclere ward 84.9%, Ascot ward 87.4%, Windsor 85.3%).

West CHS wards requested 1211 temporary shifts, 497 were for registered nurses (41%). A total of 348 shifts were unfilled (28.7%), 93 were for registered nurses (26.7%). Highclere had eight shifts with less than two registered nurses; staff from Donnington ward supported during these shifts. Ascot ward had 5 shifts with less than two registered nurses and Windsor had two; both wards supported each other during these shifts. Donnington and Oakwood had no shifts with less than two registered nurses.

There continues to be challenges on Oakwood and Wokingham wards due to high registered nurse vacancy rates and sickness across all west wards which has led to a higher number of temporary staffing shifts. To support with the management of COVID-19, staff from scheduled services have been redeployed into the community health wards from the end of March.

East CHS wards average bed occupancy decreased to 77.65% compared to 82.55% in February, (Jubilee ward 72.9%, Henry Tudor wards 82.4%).

East CHS wards requested 422 shifts, 174 were for registered nurses (41.2%). 31 shifts were unfilled (7.4%), 11 were for registered nurses.

There were two shifts with less than two registered nurses on Henry Tudor; the ward manager supported the ward during this shift.

The potential fire risk on Jubilee ward remains in regard to patient evacuation, particularly at night. Therefore the ward continues to have one extra unregistered nurse on the night shift to mitigate the risk while work is ongoing to address this. To support with the management of COVID-19, staff from scheduled services have been redeployed into the community health wards from the end of March.

### **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**

All of the acute mental health wards (with the exception of Sorrel), Orchid ward, Rowan ward, Henry Tudor ward, Oakwood, Ascot ward, Windsor ward and Willow House have high numbers of registered nurse vacancies and as a result continue to use high levels of temporary staff to achieve the position of safe staffing numbers.

Although safety was maintained on these wards, it is possible that patient experience was compromised.

### **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
- Management of redeployed staff

### **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 September and provides comparison with available data in model hospital when comparing with other Trusts rated by CQC as 'good'.

**Table 3**

Table 3: Reported CHPPD per ward during March 2020		Data taken from Model Hospital's latest available report November 2019	
Ward	BHFT	Peer median	National median
Bluebell	9.1	9.3	9.49
Daisy	7.5		
Rose	7.6		
Snowdrop	7.9		
Rowan	10.3	10.64	10.89
Orchid	10.4		
Sorrel	19.5	17.72	18.9
Campion	38.4	28.82	28.31
Willow House *		22.88 (Sept)	18.73 (Sept)
Donnington	5.9	7.91	7.51
Highclere	6.2		
Oakwood	6.9		
Ascot	6.1		
Windsor	5.9		
Henry Tudor	6.8		
Jubilee	8.9		

\* Unit closed from 20<sup>th</sup> March.

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. Bluebell ward figures is reflective of allied health professional redeployed to the ward at the end of March.

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	95.43	134.35	0	0	98.39	127.96	0	0	85.60	584	2.6	6.5	0	0	9.1	10	1	21	0	34.15	[A]
Daisy	32.15	100.81	103.23	0	0	100	116.13	0	0	91.60	625	2.6	4.9	0	0	7.5	2	0	13	0	32.15	[A]
Rose	32.15	100	111.69	0	0	97.66	131.18	0	0	95.90	654	2.4	5.2	0	0	7.6	3	0	3	0	32.15	[A]
Snowdrop	32.15	100.81	108.77	0	0	100	119.35	0	0	86.80	592	2.7	5.2	0	0	7.9	9	0	1	0	32.15	[A]
Orchid	32.15	99.19	126.21	0	0	87.1	192.47	0	0	89.80	557	2.7	7.7	0	0	10.4	6	7	0	0	32.15	[A]
Rowan	34.5	91.13	84.19	0	30	93.55	106.42	0	0	70.20	435	3.4	6.9	0	0	10.3	16	4	1	0	34.5	[A]
Sorrel	30	117.74	141.53	0	0	98.39	179.57	0	0	93.00	317	5.5	14	0	0	19.5	2	0	0	0	30	[G]
Campion	31.46	151.61	125.96	0	64	100	156.45	0	0	55.90	156	11.2	26.6	0	0.60	38.4	1	0	0	0	31.46	[G]
Willow House	23.42	93.20	90.74	0	0	95.00	107.50	0	0	25.10	70						4 (two shifts for 4 hours)	0	0	0	23.42	Unit closed from 20/3 for refurb
Donnington	64.4	95.16	92.78	0	105.65	100	97.58	0	0	87.70	816	2.4	3.1	0	0.4	5.9	0	0	28	0	64.4	[G]
Highclere		114.81	98.29	0	47.94	90.32	100	0	0	84.90	500	3.0	2.7	0	0.6	6.2	2	6	52	0	0	[G]
Oakwood	40.32	96.24	85.48	0	0	109.68	111.29	0	0	88.63	677	3.0	4.0	0	0	6.9	0	0	0	0	40.32	[A]
Ascot	61.31	83.23	79.57	0	0	93.55	109.68	0	0	87.40	506	3.2	2.9	0	0	6.1	1	4	6	0	61.31	[A]
Windsor		102.69	91.91	0	74.65	98.39	93.55	0	0	85.30	714	2.9	2.8	0	0.2	5.9	0	2	1	0	0	[A]
Henry Tudor	31.06	97.90	96.48	0	0	100	117.57	0	0	82.40	612	2.6	4.2	0	0	6.8	2	0	1	0	31.06	[A]
Jubilee	31.52	114.52	93.01	0	0	100	144.19	0	0	72.90	497	3.5	5.4	0	0	8.9	0	0	0	0	31.52	[G]