

# Safe staffing report February 2021

The East Community Health Wards continue to have lower than expected patient numbers. Henry Tudor ward has increased its capacity from 24 to 29 beds to manage the extra patients with COVID-19 and Jubilee ward has reduced its bed capacity to 11. West Berkshire Community Health Wards (apart from Windsor ward which had a period of closure to new admissions due to COVID-19) patient numbers have increased on last month. Three of the acute wards at Prospect Park Hospital have seen an increase in occupancy this month. The fluctuating occupancy across all wards in the Trust (with the exception of Campion) is predominantly due to management of COVID-19 and infection control requirements around this (closure of beds due to outbreaks and need to ensure that patients remain within cohort area relevant to their COVID-19 status).

85 staffing incidents were reported (176 in January) and all were of low or minor severity. Compared to the previous month this has decreased considerably. Some of the lower than expected bed occupancy on the community wards has enabled the wards to manage their patient dependency although the number increased due to acute unit pressures and the need to transfer COVID-19 positive patients especially in the West CHS wards. The number of shifts reported with less than two registered nurses (RN) per shift decreased from last month; 78 were reported in February compared to 117 in January. There were no shifts reported with no RNs at the start of a shift. The second COVID-19 wave has meant that there have been increased incidences of staff sickness which has affected both the staffing levels and the availability of temporary staff. In addition, several AHPs have been working on the mental health wards to support existing nursing staff. This is reflected in the AHP CHPPD data.

# **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 14.02%. 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. HCA recruitment is positive, currently with extra finances received for an additional 25 band 2 Clinical Support Workers with interviews set up for early March; Qualified Nurse recruitment continues to be a challenge. Work is currently underway in recruitment to try to attract staff via social media platforms to RN positions.

Average bed occupancy in the acute adults' wards increased slightly to 85.92% from 83.3% in January. Two of the acute adult wards had occupancy under 90% (Bluebell ward 94%; Rose ward 98.38%; Snowdrop ward 77.92%; Daisy ward 73.4%). Daisy ward bed lower bed occupancy was due to having dedicated beds for COVID-19 patients, which were not all required during the month. Sorrel ward's bed occupancy increased to 92.21% (86.8% in January). Rowan ward's bed occupancy decreased slightly to 56.07% (65.8% in January); Orchid ward bed occupancy increased to 79.46% from 73.70%.

The number of temporary staffing shifts requested for the wards at Prospect Park Hospital for February was 2014; 432 of these were for registered nurse shifts (21.45%). A total of 742 (36.84%) of all temporary staff requests were unfilled for Prospect Park Hospital, 228 of these unfilled requests were for registered nurses (30.73%).

There were 58 shifts with less than two registered nurses on a shift (78 in January). Snowdrop ward and Bluebell ward had 17 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, several AHPs worked on the wards to support existing nursing staff.

Campion unit bed occupancy decreased slightly to 46.24% from 48.70% in January. There were no shifts with less than two registered nurses. The number of temporary staffing shifts requested for Campion unit was 364; 151 of these were for registered nurse shifts (41.48%). A total of 78 (21.42%) of all temporary staff requests were unfilled. There were 16 unfilled requests for a registered nurse (20.51%).

The bed occupancy at Willow House during February remained comparable with January at 73.41% and patient acuity has remained high. The unit is working with three registered nurses and five support staff during the day and three registered nurses and three support staff at night to manage the patient acuity and support the high levels of observations for the very challenging young people on the unit. The number of temporary shifts requested was 353, with 156 shifts requested for registered nurses (44.19%). 175 shifts were unfilled (49.58%) 93 of which were for registered nurses (53.14%). There was 1 shift with less than two registered nurses. T

he Ward Manager continued to support the team during weekdays 9-5pm and there was access to a manager/senior nurse on call out of hours as needed. There continues to be high levels of temporary staffing on Willow House which affects continuity of care. However, the recent recruitment campaign has actively increased the permanent staff on the unit with several staff being recruited as demonstrated in Table 1a. Therefore, the numbers are much improved especially in relation to unregistered staff for which there are currently minimal vacancies.

Table 1 below shows the current staffing position at PPH by registered and unregistered staff. These reflect the budget for 2020/21.

**Table 1. Current vacancies:** 

		Registered nurses (wte)  Vacancy (wte)  29.96		Total available registered nurses (wte)	Unregistered nurses (wte)	Vacancy (wte)	Total available unregistered nurses (wte)
Р	PH	110.15	29.96 (27.20%)	80.19 (72.80%)	161.8	26.68 (16.49%)	135.12 (83.51%)

Table 1a. Willow House:

	Registered nurses (wte)	Vacancy (wte)	Total available registered nurses (wte)	Unregistered nurses (wte)	Vacancy (wte)	Total available unregistered nurses (wte)		
Willow House	9.21	2.92 (27.20%)	6.29 (68.30%)	10.7	0.4 (3.730%)	10.3 (96.27%)		

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

Lower bed occupancy in East has continued to assist with their patient dependency. Both Jubilee ward and Henry Tudor ward numbers decreased; this was due to proactively placing COVID-19 positive patients on Henry Tudor ward and reducing the bed number on Jubilee ward to 11. This has been adjusted in the data collection. The West Community Health wards also saw a slight decrease in occupancy in February.

The average bed occupancy for the West CHS wards decreased to 83.81% from 84.28% in January; (Oakwood Unit 94.21%, Donnington ward 93.10%, Highclere ward 72.93%, Ascot ward 84.45%, Windsor ward 74.74%). West CHS wards requested 1060 temporary shifts, 429 were for registered nurses (40.47%). A total of 516 (48.77%) shifts were unfilled; 206 were for registered nurses (39.85%).

Highclere ward had 13 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 only RN available. Ascot ward, Windsor ward and Oakwood Unit all had 0 shifts with less than two registered nurses.

The average bed occupancy for the East wards decreased to 47.2% from 68.70% last month: Jubilee ward 39.20%, Henry Tudor ward 55.20%. Henry Tudor ward has temporarily increased its bed capacity from 24 to 29 beds to accommodate COVID patients from secondary care. Staffing allocation has been increased temporarily to accommodate this. In addition, Jubilee has halved its bed number from 22 to 11. The data collection tool has been adjusted to reflect this. East CHS wards requested 431 temporary shifts; 217 (50.35%) were for registered nurses. There were 6 shifts with less than two registered nurses on Jubilee ward and 1 on Henry Tudor. Jubilee ward continues to use an extra unregistered nurse at night due to the potential fire risk.

Table 2: below shows the current staffing position on the community health wards by registered and unregistered staff. These reflect the budget for 2020/21.

	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	1.8 (2.86%)	61.05 (97.14%)	78.88	4 (5.07%)	74.88 (94.93%)
East CHS wards	21.29	3 (14.09%)	18.29 (85.91%)	33.01	1 (3.03%)	32.01 (96.97%)
Total	84.14	4.8 (5.71%)	79.34 (86.93%)	111.89	5 (4.47%)	106.89 (95.53%)

### **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 This did not demonstrate any incidents of moderate or above harm as a result of staffing levels during February.

# **Safe Staffing Declaration**

All the acute mental health wards and Rowan ward have the highest 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. During February, staffing on all the wards across the trust was impacted by COVID-19 due to absence and the need to ensure that our staff assessed as high risk were not directly involved in care for COVID-19 positive patients. This has resulted in increased requests for temporary staffing in some areas to support achieving safe staffing levels.

Whilst patient safety was maintained across all wards and no incidents reported in relation to safe staffing were of moderate or above harm; 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**

Number of current registered nurse vacancies across wards.

#### **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 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 February and provides comparison with available data in model hospital when comparing with other Trusts with the same CQC rating. Model Hospital has now been updated from November 2020 to compare Berkshire Healthcare to other Outstanding Trusts.

Table 3

_	I CHPPD per ward ember 2020	Data taken from Model Hospital's latest available report September 2020								
Ward	BHFT	Peer median	National median							
Bluebell	9.0									
Daisy	11.2	10.58	10.88							
Rose	17.2	10.56	10.00							
Snowdrop	10.2									
Rowan	19.8	11.22	11.10							
Orchid	12.7	11.88	12.10							
Sorrel	19.4	18.36	23.0							
Campion	52.3	34.93	29.10							
Willow House	26.5	20.33	20.33							
Donnington	6.3									
Highclere	7.9									
Oakwood	7.6									
Ascot	7.8	7	7							
Windsor	7.0									
Henry Tudor	9.6									
Jubilee	21.2									

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 (Willow House). Due to the lower than expected bed occupancy, particularly on the Rowan ward, Jubilee ward, and Campion, the CHPPD appears high.

# 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.

**Table 4** below displays the total budgeted workforce, vacancy, sickness, and maternity leave. 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 maternity leave data not available in time for this report.

Overall RAG rating for the table as indicated in the following table.



[Green]	[Amber]	[Red]
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)	Rudgeted		9	6 DAY F	ILL RATI	E	%	NIGHT F	FILL RAT	ΓE	Bed	CARE	HOUS	E PER I	PATIEN	T DAY		with le	f shifts ess than RN	No. of incidents	No incidents where	
		Vacancy (wte)	RN	НСА	Q NA	UnQ NA	RN	НСА	Q NA	UnQ NA	Occupancy %	Month cumulative patient count	RN	НСА	Q RA	UnQ RA	Total	Day	Night	reported	harm caused because of reduced staffing	RAG	
Bluebell	35.00	7.15	100.89	99.64	0	0	91.07	145.54	0	0	94.16%	580	2.4	6.6	0.0	0.0	9.0	12	5	1	0	[A]	
Daisy	35.95	10.51	118.26	82.42	76.83	0	112.50	103.57	0	0	73.04%	409	3.7	7.3	0.3	0.0	11.2	6	1	28	0	[A]	
Rose	34.15	7.95	103.57	111.41	0	66.67	100	138.39	0	0	98.38%	314	4.7	12.2	0.0	0.3	17.2	0	0	1	0	[A]	
Snowdrop	35.95	8.23	88.39	107.14	0	0	94.64	111.61	0	0	77.92%	481	2.7	7.5	0.0	0.0	10.2	14	3	6	0	[A]	
Orchid	36.00	4.8	108.04	110.36	0	0	100.00	151.79	0	0	79.46%	445	3.4	9.3	0.0	0.0	12.7	3	0	0	0	[G]	
Rowan	42.00	11	116.96	130.68	0	56.17	91.28	169.44	0	0	46.07%	314	4.9	14.6	0.0	0.3	19.8	0	6	7	0	[A]	
Sorrel	38.00	6	99.11	120.36	0	0	98.21	128.57	0	0	92.21%	284	5.0	14.4	0.0	0.0	19.4	6	1	0	0	[A]	
Campion	37.11	1	191.96	146.99	0	0	132.14	141.07	0	0	46.24%	114	17.6	34.6	0.0	0.0	52.3	0	0	0	0	[G]	
Willow House	23.42	2.96	78.43	114.83	0	0	97.62	100	0	0	73.41%	185	10.0	16.5	0.0	0.0	26.5	1	0	0	0	[G]	
Donnington	63.46	1	94.79	110.32	84.17	0	102.00	97.32	100	0	93.10%	782	1.8	4.1	0.4	0.0	6.3	0	0	14	0	[G]	
Highclere	03.40	•	78.89	91.10	113	43.33	94.54	89.29	100	0	72.93%	388	2.4	4.4	0.9	0.2	7.9	10	3	28	0	[G]	
Oakwood	46.67	0.8	91.07	102.86	0	0	100.00	142.86	0	0	94.21%	611	2.8	4.8	0.0	0.0	7.6	0	0	0	0	[G]	
Ascot	61.31	4	100.00	100.08	0	0	96.40	139.29	0	0	84.45%	402	3.6	4.2	0.0	0.0	7.8	0	0	0	0	[G]	
Windsor	indsor 61.31	4	99.14	102.28	71.33	0	100.00	121.66	100	0	74.74%	586	2.9	3.8	0.2	0.0	7.0	0	0	0	0	[G]	
<b>Henry Tudor</b>	32.80	1	83.33	110.17	0	0	91.52	112.79	0	0	55.20%	442	3.6	5.9	0.0	0.0	9.6	1	0	0	0	[G]	
Jubilee	30.23	3	91.37	74.22	0	0	94.64	92.86	0	0	39.20%	141	9.5	11.7	0.0	0.0	21.2	3	3	0	0	[G]	