

Safe staffing report April 2021

The East Community Health Wards continue to have lower than expected patient numbers. Henry Tudor ward has decreased its capacity 20 beds and Jubilee ward has now increased beds back up to 17 patients. West Berkshire Community Health Wards patient numbers have remained similar to last month. All of the acute wards at Prospect Park Hospital have seen an increase in occupancy this month. The number of COVID-19 cases has significantly decreased across the Trust and is currently zero.

101 staffing incidents were reported (equal to March). The number of shifts reported with less than two registered nurses (RN) per shift decreased from last month; 67 were reported in April compared to 100 in March. Daisy ward and Bluebell ward reported 1 shift each with no RNs at the start of a shift. Staff were moved from other wards to ensure cover and patient safety. The second COVID-19 wave numbers have reduced which has had a positive effect on staffing on some wards.

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 10.55%. 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; Snowdrop ward offered a newly qualified band 5 post; Orchid ward offered a band 5 post to a newly qualified nurse band 5. HCA recruitment continues to be positive but Registered Nurse recruitment continues to be a challenge. Work is currently underway in recruitment to attract staff via social media platforms to registered nurse positions of all bands.

Average bed occupancy in the acute adults' wards increased to 97.47% from 91.79% in March. All of the acute adult wards had occupancy of over 90% (Bluebell ward 96.5%; Rose ward 95.6%; Snowdrop ward 99.1%; Daisy ward 98.7%). Sorrel ward's bed occupancy increased to 99.4% (96.19% in March). Rowan ward's bed occupancy increased to 53.5% (49.19% in March); Orchid ward bed occupancy increased to 81.5% from 76.13%. The number of temporary staffing shifts requested for the wards at Prospect Park Hospital for April was 2409; 474 of these were for registered nurse shifts (19.67%). A total of 440 (18.26%) of all temporary staff requests were unfilled for Prospect Park Hospital, 77 of these unfilled requests were for registered nurses (17.5%).

There were 66 shifts with less than two registered nurses on a shift (82 in March). Bluebell ward had 30 shifts with less than two registered nurses. There were 2 shifts where there were no RNs at the start of the shift (1 on Bluebell ward; 1 on Daisy ward). The risk was mitigated by moving staff from other wards to ensure cover. 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.

Campion unit bed occupancy increased to 44.4% from 37.99% in March. There were no planned shifts with less than two registered nurses. The number of temporary staffing shifts requested for Campion unit was 305; 125 of these were for registered nurse shifts (40.98%). A total of 36 (9.78%) of all temporary staff requests were unfilled. There were 8 unfilled requests for a registered nurse (22.22%).

The bed occupancy at Willow House during March decreased to 35.2% from March at 62.01% and patient acuity has remained high, this was in preparation for closure at end April 2021. 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 260, with 105 shifts requested for registered nurses (40.38%). 27 shifts were unfilled (10.38%) 8 of which were for registered nurses (29.62%). There were 0 shifts with less than two registered nurses. The 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. The recent recruitment campaign has actively increased the permanent staff on the unit with several staff being recruited as demonstrated in Table 1a. Currently there are no non-qualified vacancies.

The service provided by Willow House has now changed and from May 2021 CAMHS (Children and Adolescent Mental Health Services) Tier 4 services is a 24/7 out of hospital service. Therefore, Willow House staffing data will no longer be documented via this report.

Table 1 below shows the current staffing position at PPH by registered and unregistered staff. These reflect the budget for 2020/21 and the increase in activity co-ordinators. These figures are less posts offered.

Table 1. Current vacancies:

	Registered nurses (wte)	Vacancy (wte)	Total available registered nurses (wte)	Unregistered nurses (wte)	Vacancy (wte)	Total available unregistered nurses (wte)
PPH	110.15	28.96 (26.29%)	81.19 (73.71%)	175	29.68 (16.96%)	145.32 (83.04%)

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 (31.70%)	6.29 (68.30%)	10.7	0.0 (0%)	10.7 (100%)

Community Health wards (CHS)

Lower bed occupancy in East has continued to assist with their patient dependency. Jubilee ward had 17 beds (reduced to 16 from 28th April due to removing one bed in the double room) and Henry Tudor ward has 20 beds due to meeting social distancing.

The average bed occupancy for the West CHS wards has increased for April to 85.39%; (Oakwood Unit 85.09%, Donnington ward 89.4%, Highclere ward 71.4%, Ascot ward 90.9%, Windsor ward 90.20%). West CHS wards requested 749 temporary shifts, 262 were for registered nurses (34.97%). A total of 124 (16.55%) shifts were unfilled; 21 were for registered nurses (16.93%).

Highclere ward had 3 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 had 0 shifts with less than two registered nurses.

The average bed occupancy for the East wards increased to 50.95% from 37.53% last month: Jubilee ward 57.9%, Henry Tudor ward 44%. Henry Tudor ward has now decreased its bed capacity to 20 beds as patients were discharged, to allow for social distancing. From 6th April Jubilee ward decreased its capacity to 16 beds from 28th April to remove the second bed from the double room. East CHS wards requested 492 temporary shifts; 176 (35.77%) were for registered nurses. A total of 55 shifts (11.18%) were unfilled; 1 was for a registered nurse (1.82%). There was 1 shift with less than two registered nurses on Henry Tudor ward, there was AHPs present; Jubilee had no shifts with less than 2 RNs. Jubilee ward continues to use an extra unregistered nurse at night due to the potential fire risk when on the Upton hospital site.

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	2.8 (4.45%)	60.05 (95.55%)	78.88	3 (3.80%)	75.88 (96.2%)
East CHS wards	21.29	4 (18.78%)	17.29 (81.22%)	33.01	1 (3.03%)	32.01 (96.97%)
Total	84.14	6.8 (8.08%)	77.34 (91.92%)	111.89	4 (3.75%)	107.89 (96.43%)

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. There was one incident of severe harm whereby a patient sustained an injury following an unwitnessed fall on Oakwood ward. This was not attributed to staffing levels.

Safe Staffing Declaration

All of the wards at PPH 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. Staffing levels have improved in April due to the reduction in COVID-19 cases which was affecting both patients and staff in March.

Whilst patient safety was maintained across all wards and no incidents were directly reported in relation to safe staffing there was one incident resulting in severe harm on Oakwood ward.

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 April and provides comparison with available data in model hospital when comparing with other Trusts with the same CQC rating.

Table 3: Reported CHPPD per ward during November 2020		Data taken from Model Hospital's latest available report September 2020	
Ward	BHFT	Peer median	National median
Bluebell	7.3	11.77	11.29
Daisy	8.0		
Rose	9.3		
Snowdrop	8.4		
Rowan	17.0	11.32	13.09
Orchid	13.0	11.32	13.09
Sorrel	17.3	21.97	21.96
Campion	51.0	27.78	29.64
Willow House	46.5	21.95	21.72
Donnington	6.4	7	7
Highclere	7.6		
Oakwood	7.3		
Ascot	8.1		
Windsor	5.5		
Henry Tudor	9.1		
Jubilee	10.3		

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 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.



Berkshire Healthcare

NHS Foundation Trust

[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)	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 because of reduced staffing	RAG	
			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	4.15	87.50	107.08	0.0	0.0	85.04	142.22	0.0	0.0	96.50%	637	2.1	5.2	0.0	0.0	7.3	21	9	6	0	[A]
Daisy	35.95	10.51	99.00	89.33	100	0.0	91.67	97.50	0.0	0.0	98.70%	592	2.3	5.5	0.3	0.0	8.0	6	5	25	0	[A]
Rose	34.15	9.15	99.17	120.24	101.83	0.0	95.00	146.67	0.0	0.0	95.60%	631	2.4	6.7	0.0	0.2	9.3	5	3	1	0	[A]
Snowdrop	35.95	9.03	92.50	109.33	0.0	0.0	100.00	121.67	0.0	0.0	99.10%	654	2.3	6.2	0.0	0.0	8.4	9	0	0	0	[A]
Orchid	36.00	5.8	96.67	150.83	0.0	0.0	100.00	218.89	0.0	0.0	81.50%	489	3.1	9.9	0.0	0.0	13.0	3	0	3	0	[A]
Rowan	42.00	12	104.17	115.00	0.0	0.0	98.33	114.17	0.0	0.0	53.50%	321	4.9	12.1	0.0	0.0	17.0	1	1	1	0	[A]
Sorrel	38.00	6	100.00	114.33	0.0	0.0	100.00	121.67	0.0	0.0	99.40%	328	4.7	12.6	0.0	0.0	17.3	0	0	0	0	[A]
Campion	37.11	4	178.33	141.73	0.0	0.0	123.33	137.97	0.0	0.0	44.40%	120	16.7	34.3	0.0	0.0	51.0	0	0	0	0	[G]
Willow House	23.42	2.92	76.67	83.36	0.0	0.0	65.56	111.67	0.0	0.0	35.20%	95	16.8	29.7	0.0	0.0	46.5	0	0	0	0	[G]
Donnington	63.46	0	110.76	98.89	57.33	0.0	103.51	96.67	100	0.0	89.40%	805	2.2	3.9	0.3	0.0	6.4	0	0	15	0	[G]
Highclere			101.25	85.79	89.99	0.0	89.82	76.67	100	0.0	71.40%	407	2.8	4.1	0.7	0.0	7.6	3	0	48	0	[G]
Oakwood	46.67	1	97.22	100.33	0.0	0.0	100.00	118.33	0.0	0.0	85.09%	667	2.9	4.4	0.0	0.0	7.3	0	0	2	0	[G]
Ascot	61.31	5	99.17	101.67	0.0	0.0	98.33	126.67	0.0	0.0	90.90%	409	3.8	4.4	0.0	0.0	8.1	0	0	0	0	[G]
Windsor			99.63	103.65	28	0.0	100.00	100.00	0.0	0.0	98.20%	766	2.4	3.0	0.1	0.0	5.5	0	0	0	0	[G]
Henry Tudor	32.80	1	117.50	108.19	0.0	15	101.67	108.93	0.0	100	44.00%	464	3.7	5.3	0.0	0.1	9.1	1	0	0	0	[G]
Jubilee	30.23	4	80.44	59.25	0.0	0.0	78.33	81.71	0.0	0.0	57.90%	274	4.5	5.8	0.0	0.0	10.3	0	0	0	0	[G]