

## Safe staffing report July 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 are similar to last month with an average of 78.8%. West Berkshire Community Health Wards patient numbers have marginally decreased compared to last month with an average of 80.92%. Average occupancy on the acute wards at Prospect Park Hospital is 94.05%, slightly down from 95.9% last month. The older adult wards at Prospect Park patient numbers have decreased to an average of 73.9% from 89.95% and Campion occupancy has remained similar to last month.

There were 52 reported staffing issues from Datix, and all were of low impact, compared to 45 reported in June. There were no incidents reported of moderate and above harm during the month and no incidents of moderate and above harm from the triangulated data. The number of shifts reported with less than two registered nurses (RN) per shift increased in July to 272 from June which was 182 and 160 shifts were reported in May. The increase is attributed to Prospect Park wards (197 in July; 145 in June).

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	39.26	11.35	91.18	147.28	0.0	0.0	92.00	208.74	0.0	0.0	87.70	604	2.4	8.0	0.0	0.0	10.4	13	5	1	0	[A]
Daisy	39.95	9.15	82.26	97.74	0.0	0.0	88.71	130.65	0.0	0.0	96.60	601	2.3	6.7	0.0	0.0	8.9	22	7	27	0	[A]
Rose	44.15	18.15	66.13	124.77	0.0	0.0	85.48	133.06	0.0	0.0	96.20	656	1.8	6.8	0.0	0.0	8.6	42	9	0	0	[A]
Snowdrop	38.31	11.39	82.90	106.38	0.0	0.0	100.00	146.74	0.0	0.0	95.60	652	2.2	6.8	0.0	0.0	9.0	25	0	2	0	[A]
Orchid	41.80	6.6	75.81	204.60	0.0	0.0	90.32	229.91	0.0	0.0	73.90	464	2.8	16.9	0.0	0.0	19.7	32	6	1	0	[A]
Rowan	42.60	11	84.42	202.26	76.00	0.0	83.87	262.10	0.0	0.0	81.80	507	2.4	16.2	0.2	0.0	18.8	22	10	3	0	[A]
Sorrel	37.00	9	97.58	131.61	0.0	0.0	98.39	149.19	0.0	0.0	90.00	307	5.1	16.4	0.0	0.0	21.5	3	1	0	0	[A]
Campion	37.11	4	173.08	193.55	0.0	0.0	184.21	175.23	100.00	0.0	78.50	221	7.8	26.9	0.6	0.0	35.3	1	0	0	0	[G]
Donnington	63.46	5.67	103.20	115.05	50.83	0.0	98.39	99.19	0.0	0.0	88.90	760	2.3	4.8	0.2	0.0	7.3	1	1	1	0	[A]
Highclere			83.97	86.18	83.33	0.0	91.94	86.48	0.0	0.0	87.10	403	3.0	4.8	0.3	0.0	8.1	20	5	9	0	[A]
Oakwood	46.67	5.32	83.87	96.45	0.0	0.0	96.77	117.74	0.0	0.0	78.70	622	2.8	4.8	0.0	0.0	7.6	0	2	5	0	[A]
Ascot	61.31	2.65	81.99	72.01	0.0	0.0	66.13	141.94	0.0	0.0	71.30	381	3.2	3.0	0.0	0.0	7.1	21	21	0	0	[A]
Windsor			76.81	93.95	0.0	0.0	98.39	101.61	0.0	0.0	78.60	663	2.6	3.4	0.0	0.0	6.0	2	1	3	0	[A]
Henry Tudor	32.80	3.6	113.92	80.81	0.0	0.0	150.11	120.78	0.0	0.0	82.40	608	3.4	3.8	0.0	0.0	7.2	0	0	0	0	[G]
Jubilee	30.23	3	84.52	79.54	0.0	0.0	100.00	98.39	0.0	0.0	75.20	500	3.0	4.4	0.0	0.0	7.4	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 absence is reported a month in arrears overall for the trust but has been taken from Health Roster for this report as data is available.

#### 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)
<b>PPH</b>	110.52	43.64 (39.49%)	66.88 (60.51%)	191.24	25.76 (13.47%)	165.48 (86.53%)
<b>Campion</b>	10	2 (20%)	8 (80%)	24	2 (8.34%)	22 (91.66%)
<b>West CHS wards</b>	62.85	2.72 (4.33%)	60.13 (95.67%)	78.88	10.12 (12.83%)	68.76 (87.17%)
<b>East CHS wards</b>	21.29	1.8 (8.46%)	19.49 (91.54%)	33.01	4.8 (14.55%)	28.21 (85.45%)
<b>Total CHS wards</b>	84.14	4.52 (5.38%)	79.62 (94.62%)	111.89	14.92 (13.34%)	96.97 (86.66%)
<b>Total all wards</b>	204.66	<b>50.16</b> (20.51%)	<b>154.5</b> (75.49%)	<b>327.13</b>	<b>42.68</b> (13.05%)	<b>284.45</b> (86.95%)

#### Prospect Park Hospital

Average bed occupancy in the acute adults' wards is similar to last month to 94.05% from 95.9% in June (Bluebell ward 87.7%; Rose ward 96.2%; Snowdrop ward 95.6%; Daisy ward 96.6%). Bluebell ward had an outbreak of Covid which accounts for the fall in occupancy rate in July. All beds are open and available. Sorrel ward's bed occupancy decreased to 90% from 93.0% in June. Rowan ward's bed occupancy decreased to 81.8% (90.5% in June); Orchid ward bed occupancy decreased to 73.9% from 89.2% in June (average occupancy 77.85%).

The number of temporary staffing shifts requested for the wards at Prospect Park Hospital for July was 3650 (3639 in June); 609 of these were for registered nurse shifts (15.82%); 576 in June.

A total of 602 (15.64%) of all temporary staff requests were unfilled for Prospect Park Hospital; 498 in June, of these 190 unfilled requests were for registered nurses (31.56%); there were 170 in June.

There were 197 shifts with less than two registered nurses on a shift which is 30.26% of all shifts (145 in June; 23.01% shifts). The two highest figures with less than two registered nurses were from Rose ward with 51 shifts and Orchid ward with 38 shifts. 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 slightly increased to 78.5% from 77.4% in June. There were 4 shifts with less than two registered nurses. The number of temporary staffing shifts requested for Campion unit was 480; 136 of these were for registered nurses (28.33%). A total of 23 (4.79%) of all temporary staff requests were unfilled. There were 2 unfilled requests for a registered nurse (8.70%).

### **West Community Health Service Wards.**

The average bed occupancy for the West CHS wards this month has decreased to 80.92% compared to 83.7% in June; (Oakwood Unit 78.7%, Donnington ward 88.9%, Highclere ward 87.1%, Ascot ward 71.3%, Windsor ward 78.6%).

West CHS wards requested 982 temporary shifts (901 in June) 381 were for registered nurses (38.8%); 355 in June. A total of 282 (28.72%) shifts were unfilled (185 in June); 119 were for registered nurses (42.20%); 74 in June.

Highclere ward had 25 shifts and Donnington ward 2 shifts with less than two registered nurses (June: Highclere ward; 19 shifts and Donnington ward; 1 shift); they supported each other to ensure both the wards were covered and patient safety maintained. In addition, Nurse Associates were utilised. Ascot ward had 42 shifts, Windsor ward had 3 shifts and Oakwood unit had 2 shifts with less than two registered nurses (June: Ascot ward; 3 shifts, Windsor ward and Oakwood unit; 2 shifts). The increase in numbers was due to a Covid outbreak on the Wokingham wards and the lack of availability of temporary staffing to cover the shortfall.

## **East Community Health Service Wards.**

East CHS ward occupancy was similar to last month at 78.8% (from 78.35% in June); Jubilee ward 75.2%, Henry Tudor ward 82.4%. Jubilee ward had 21 beds and Henry Tudor ward had 24 beds available (23 beds only from 21st July). East CHS wards requested 282 temporary shifts (286 in June); 69 (24.47%) were for registered nurses (95 in June). A total of 38 shifts (13.48%) were unfilled (33 in June); 5 were for registered nurses (13.16%); 8 shifts in June. There were 0 shifts with less than two registered nurses on either Jubilee ward or Henry Tudor ward (June: 0 shifts with less than two RNs on both Henry Tudor ward and Jubilee 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. Roll out has commenced at PPH but insufficient data is available at present due to the need to facilitate the embedding of the tool. 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 commenced in June 2022 and is ongoing. 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 appear sub-optimal on every shift. However, a total of 282 (28.72%) 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 resources which provide care to patients and therefore this 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 10.27% of RN staff on shift were bank staff (8.82% in June) and 21.30% of non-qualified staff (16.64% in June) were bank staff.

There were no shifts filled by agency. On 11th July the CHPPD data demonstrates that the required level was 8.78 CHPPD with the actual nursing contribution to this being 6.56 CHPPD, the additional input that the 7 wte therapists are able to 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 Health Roster for July on Oakwood ward showed that RN sickness was 14.03% and non-qualified sickness 11.74% (average 12.82 % for sickness across all staff on Oakwood ward). The trust benchmark is 3.5%. There were no complaints related to staffing for Oakwood Unit.

On the West Berkshire Community Hospital wards 10.59% of rostered RN staff were bank staff (11.02% in June) and 15.83% of non-qualified shifts (18.64% in June) were covered by bank staff. 0 RN shifts were covered by agency staff and 5.56% were covered by non-qualified agency staff. As an illustration of actual versus required CHPPD , on 18th July, the graph demonstrates the CHPPD required was 8.73 but the actual was 6.94, 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 July from Health Roster demonstrated that RN sickness was 5.55% and non-qualified sickness was 6.86% (average sickness for WBCCH was 5.90% across all staff groups). There were no incidents or complaints were received for July.

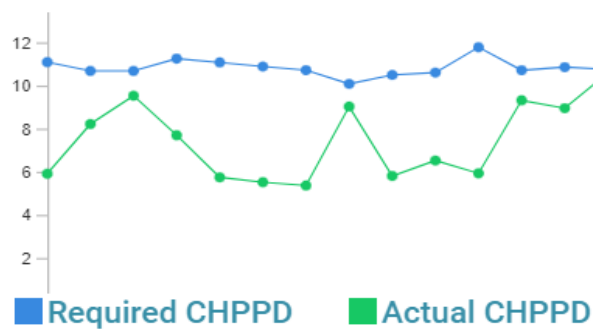
Wokingham ward continues to occasionally miss data in places in July which skews some of the data figures. 12.35% of qualified nursing shifts (11.51% in June) and 12.35% of unqualified shifts (13.36% in June) were filled by bank staff. In addition, no shifts were covered by RN agency staff or by non-qualified agency staff due to unavailability. As an illustration, on 21st July the CHPPD data shows that the required was 9.38 but the actual was 7.84, 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 Health Roster for July showed that RN sickness was 6.55% and non-qualified sickness was 18.29% (average sickness across all staff groups on Wokingham wards was 12.68%). The data demonstrates that the Wokingham wards were under significant pressure in July due to high sickness absence combined with the inability to secure sufficient temporary staffing. This resulted in an increase in the number of shifts reported with less than 2 RNs.

## Oakwood Unit:

### Required vs Actual CHPPD



## Wokingham Wards:



## West Berkshire Community Hospital:



## East CHS Wards:

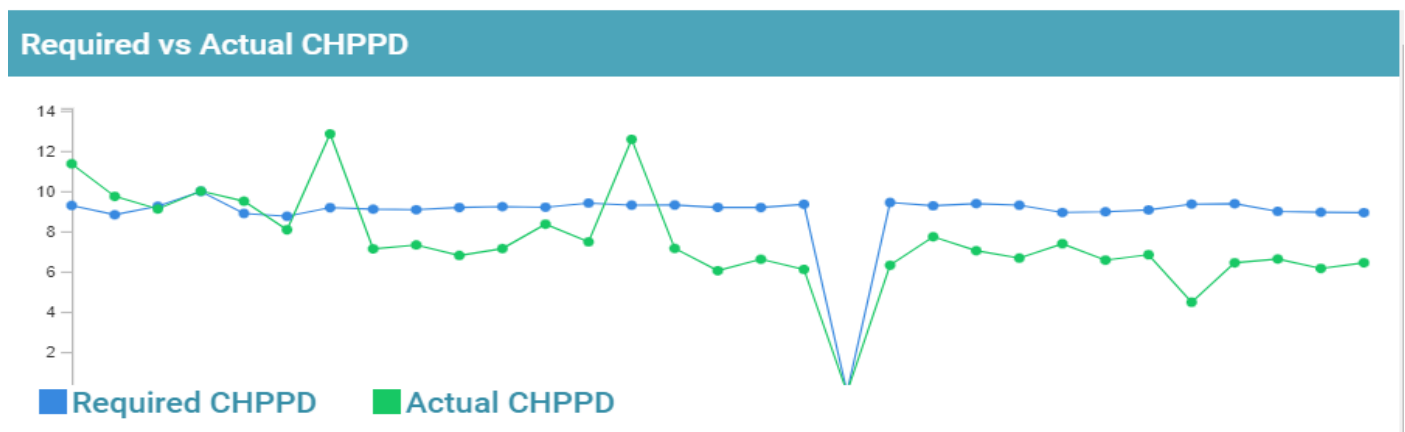
The East wards staffing to patient ratios appear to be sufficient for the acuity of patients on the ward. However, Jubilee data is skewed due to the several missed data entries throughout the month as the tool continues to be embedded. In addition, like the west community wards, there are therapists and therapy assistants working on the wards who support the nursing staff but are not captured in the Safecare figures. There were 38 unfilled bank/agency shifts which would have assisted in improving the staffing levels.

Henry Tudor had 9.07% of RN shifts (11.49% in June) and 26.61% of non-qualified shifts (20.37% in June) covered by bank staff.

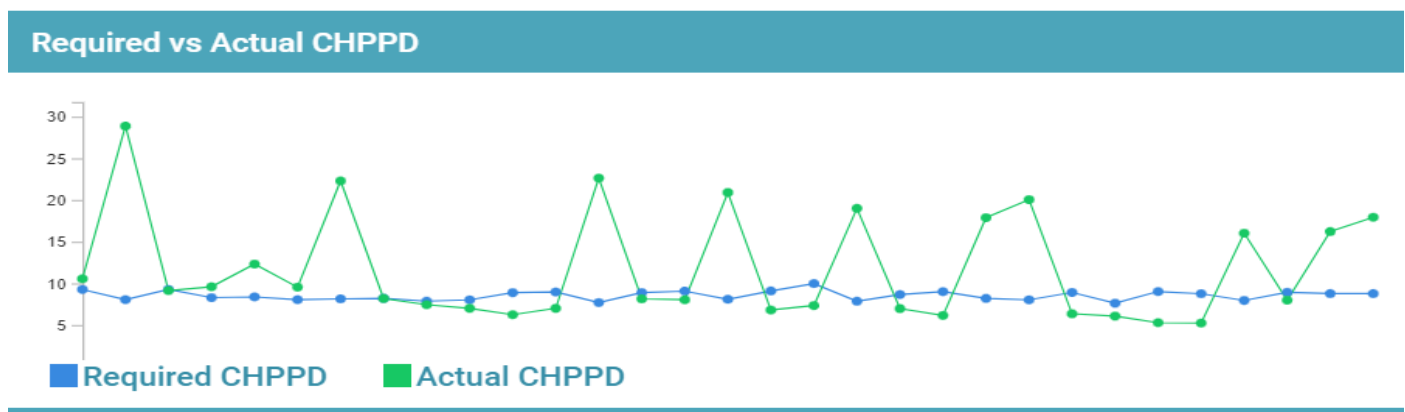
There were 0 of shifts covered by RN agency. As an illustration, on 9th July the CHPPD data shows that the required was 9.07 but the actual was 7.32, available therapy would have contributed addition CHPPD meaning that the ward was considered safe. Sickness in July for RNs was 5.94% and non-qualified staff 4.10% (average for all staff groups on Henry Tudor ward in July was 4.66%).

Jubilee ward had 6.76% of RN shifts (9.05% in June) and 15.93% of non-qualified shifts (16.49% in June) covered by bank staff. No agency was used. As an illustration, on 8th July the CHPPD data shows that the required was 8.02 but the actual was 7.0, however this was difficult to ascertain due to the lack of data entry in several places. This has been fed to managers. 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 July for RNs was 7.16% and for non-qualified nurses 18.66% (average for all staff groups on Jubilee ward in July was 12.67 %).

### Henry Tudor Ward:



### Jubilee Ward:



### 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 16.12% which is less than the previous month (18.77%). This includes 12 temporary to permanent staff who were recruited by NHSP. 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 July. Current workforce data demonstrates that the RN WTE has increased to 66.88% (June 65.88%). Turnover is 16.69% which has plateaued since a decrease in February 2022 (16.09% May). Reasons for leaving were: retirement, work life balance, relocation and promotion. The number of international nurse recruits remains at 8. There was some success from the PPH HCA open day at the end of June with 8 candidates being offered positions and another open day is planned for August. For qualified staff, the developmental rotational posts were readvertised with two suitable candidates shortlisted and being interviewed in August. Planning has started for the next cohort of preceptee's joining from September with induction week and monthly space groups and bespoke training. 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 to employ most of our recruits. The aim is to recruit 15 general nurses and 5 mental health nurses in 2022. As of July 2022, there have been 7 nurses recruited to the rehabilitation wards. There is a cohort of 8-10 nurses planned for September pending the outcome of recent interviews. There are 3 mental health nurses still required. A pastoral care officer post is currently under offer which will help with integrating the international nursing recruits.

### **Community nursing**

Work is underway both nationally and locally looking at caseload dependency scores and tools. It is envisaged that 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, although no official launch date is available. In addition, there is an aim to trial some dependency tools in house commencing in the Autumn. 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. This month we have seen a significant rise in staff across the Trust impacted by covid, this is reflected in high community case rates and has also resulted in challenges with sickness absence and securing temporary staffing. As a result, there have been higher than usual levels of incidences of less than 2 RN rostered to the wards. 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. Additional staff including senior registered practitioners not counted in staffing numbers and therapy staff not included in the safer staffing tool work on the wards providing direct patient care which means that the wards have been assessed as safe. There have been no incidents reported as a direct result of staffing.

Debbie Fulton

Director of Nursing

04/08/2022