

Safe staffing report October 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 have increased to 90.6% from 83.4% occupancy last month. West Berkshire Community Health Wards patient numbers have decreased slightly compared to last month with an average of 87.28% (89.24% last month). Average occupancy on the acute wards at Prospect Park Hospital is marginally less to last month at 96.32% (September; 97.2%). The older adult wards at Prospect Park patient numbers are similar to last month at 84.8% from 84.75% and Campion occupancy has increased to 88.5% from 86.30% last month.

There were 30 reported staffing issues from Datix, and all were of low impact, compared to 33 reported in September. 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 total number of temporary staff requests increased during October compared with September, although it remains lower than August. The number of shifts reported with less than two registered nurses (RN) per shift (increased in October to 207 from 186 in September and 360 in August)

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	9.35	83.12	131.42	0.00	0.00	83.93	172.18	0.00	0.00	99.4	678	2.0	6.1	0.0	0.0	8.1	22	10	0	0	[A]
Daisy	39.95	8.95	83.87	120.32	0.00	0.00	91.94	128.23	0.00	0.00	96.6	599	2.3	7.5	0.0	0.0	9.8	23	5	5	0	[A]
Rose	44.15	18.15	83.87	118.20	0.00	0.00	80.65	73.37	0.00	0.00	94.0	641	2.1	6.8	0.0	0.0	8.9	22	12	0	0	[A]
Snowdrop	38.31	16.39	93.39	134.84	0.00	0.00	96.77	154.84	0.00	0.00	95.3	650	2.4	8.0	0.0	0.0	10.4	15	2	4	0	[A]
Orchid	41.80	19.8	83.87	173.98	0.00	0.00	88.71	219.99	0.00	0.00	86.1	534	2.6	13.1	0.0	0.0	15.6	20	7	5	0	[A]
Rowan	42.60	20.53	99.04	227.42	86.00	0.00	80.65	273.39	0.00	0.00	83.5	518	2.9	7.1	0.2	0.0	10.1	10	12	4	0	[A]
Sorrel	37.00	10	97.58	121.61	0.00	0.00	98.39	141.94	0.00	0.00	97.7	333	4.7	14.2	0.0	0.0	18.9	4	1	0	0	[A]
Campion	37.11	4	283.46	285.08	96.00	0.00	180.80	186.37	100.00	0.00	88.5	247	11.3	31.3	0.7	0.0	43.3	0	0	0	0	[G]
Donnington	63.46	3.79	98.74	102.87	59.58	0.00	96.77	98.39	0.00	0.00	86.5	778	2.2	4.3	0.2	0.0	6.7	13	13	1	0	[A]
Highclere			85.90	91.24	113.33	0.00	82.26	95.16	0.00	0.00	85.3	394	3.0	5.3	0.4	0.0	8.7	0	2	8	0	[A]
Oakwood	46.67	0	89.78	84.84	0.00	0.00	100.00	104.84	0.00	0.00	86.8	673	2.8	3.9	0.0	0.0	6.7	0	0	2	0	[A]
Ascot	61.31	0.65	103.23	87.63	0.00	0.00	85.48	135.48	0.00	0.00	90.8	505	3.1	3.3	0.0	0.0	6.4	4	9	1	0	[A]
Windsor			115.32	120.97	0.00	0.00	100.00	209.68	0.00	0.00	87.0	746	2.4	3.2	0.0	0.0	5.6	1	0	0	0	[A]
Henry Tudor	32.80	8.6	115.75	89.03	0.00	0.00	157.01	127.68	0.00	0.00	91.5	681	3.1	3.7	0.0	0.0	6.8	0	0	0	0	[G]
Jubilee	30.23	3.4	87.69	90.24	0.00	0.00	100.00	100.00	0.00	0.00	89.7	541	2.8	4.4	0.0	0.0	7.2	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

PPH unregistered nurse figures have increased by 10 WTE band 2; 5 for Orchid ward and 5 for Rowan ward due to money that was previously being used for bank and agency turned into permanent posts.

	Registered nurses (wte)	Vacancy (wte)	Total available registered nurses (wte)	Unregistered nurses (wte)	Vacancy (wte)	Total available unregistered nurses (wte)
PPH	110.52	45.64 (34.13%)	64.88 (58.70%) [G]	201.24	50.76 (25.23%)	150.48 (74.77%) [R]
Campion	10	2 (20%)	8 (80%) [A]	24	2 (8.34%)	22 (91.66%) [A]
West CHS wards	62.85	0 (0%)	62.85 (100%) [G]	78.88	4.44 (5.63%)	74.44 (94.37%) [G]
East CHS wards	21.29	4.6 (21.60%)	16.69 (78.4%) [R]	33.01	7.4 (22.41%)	25.61 (77.59%) [R]
Total CHS wards	84.14	4.6 (5.47%)	79.54 (94.53%)	111.89	11.84 (10.59%)	100.05 (89.41%)
Total all wards	204.66	52.24 (25.52%)	152.42 (74.48%)	327.13	64.6 (19.74%)	262.53 (80.26%)

[G]	Improved position from last month
[A]	No change from last month
[R]	Worse than last month

Prospect Park Hospital

Average bed occupancy in the acute adults' wards was the similar to the previous month at 96.32% (Bluebell ward 99.4%; Rose ward 94%; Snowdrop ward 95.3%; Daisy ward 96.6%). All beds are open and available. Sorrel ward's bed occupancy decreased to 97.7 % from 99.4% in September. Rowan ward's bed occupancy is similar to the previous month at 83.5% from 84.3% in September; Orchid ward bed occupancy is similar at 86.1% from 85.2% in September (average occupancy 84.8%).

The number of temporary staffing shifts requested for the wards at Prospect Park Hospital for September was 3736 (3507 in September); 649 of these were for registered nurse shifts (17.37%); 566 in September. A total of 429 (11.48%) of all temporary staff requests were unfilled for Prospect Park Hospital; 314 in September, of these 171 unfilled requests were for registered nurses (39.86%); there were 144 in September.

There were 165 shifts with less than two registered nurses on a shift which is 25.34% of all shifts (131 in September; 20.79% shifts). The two wards with most shifts with less than two registered nurses were Bluebell ward with 32 shifts and Rose ward with 34 shifts. On shifts with less than two registered nursing staff there were senior clinical staff on the wards (Ward Manager, Matron 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 with less than 2 registered staff 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 increased to 88.5% from 86.3% in September. There were 0 shifts with less than two registered nurses. The number of temporary staffing shifts requested for Campion unit was 525; 128 of these were for registered nurses (24.38%). A total of 29 (5.52%) of all temporary staff requests were unfilled. There were 8 unfilled requests for a registered nurse (27.59%).

West Community Health Service Wards

The average bed occupancy for the West CHS wards this month has decreased to 87.28% compared to 89.24% in September; (Oakwood Unit 86.8%, Donnington ward 86.5%, Highclere ward 85.3%, Ascot ward 90.8%, Windsor ward 87%).

West CHS wards requested 994 temporary shifts (890 in September) 341 were for registered nurses (34.31%). A total of 249 (25.05%) shifts were unfilled (220 in September); 89 were for registered nurses (35.74%); 89 in September.

Highclere ward had 26 shifts and Donnington ward 2 shifts with less than two registered nurses (September: Highclere ward; 26 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 13 shifts, Windsor ward had 1 shift and Oakwood unit had 0 shifts with less than two registered nurses (September: Ascot ward; 25 shifts, Windsor ward 1 shift and Oakwood ward 2 shifts).

East Community Health Service Wards

East CHS ward occupancy has increased to 90.6% from 83.4% in September; Jubilee ward 89.7%, Henry Tudor ward 91.5%. East CHS wards requested 252 temporary shifts (217 in September); 97 (38.49%) were for registered nurses (64 in September). A total of 15 shifts (5.95%) were unfilled (20 in September); 6 were for registered nurses (40%); 4 shifts in September. There were 0 shifts with less than two registered nurses on either Jubilee ward or Henry Tudor ward (September: 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 collated nationally although benchmarking data is not currently 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 now completed at PPH and data reporting will now commence for the monthly reports. 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. 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.

Prospect Park Hospital

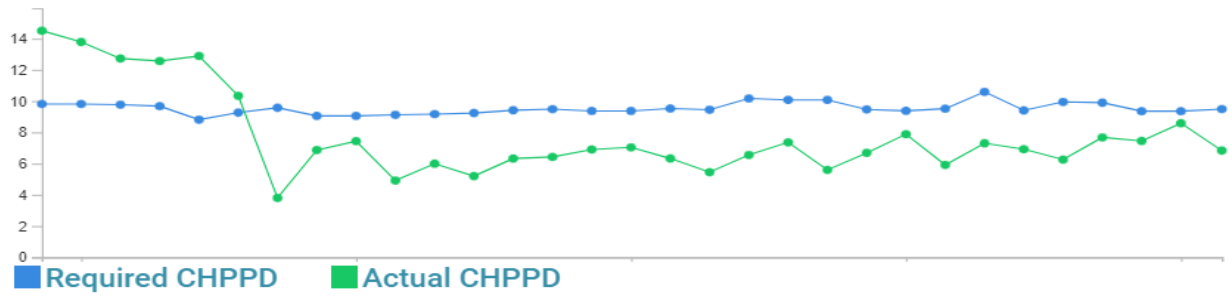
Acute wards

On the acute wards at PPH ward data demonstrates that there were no incidents reported of moderate or above harm related to staffing., staffing levels appear sub-optimal on Bluebell ward for 75% of the month, however staff are moved across the hospital to ensure safety on all wards and the roster system only shows where staff are allocated originally not where they have been moved to.. The other three wards appear to have sufficient staff. Reporting is variable across the four wards at the moment as the new tool is embedded and some data is missing although much improved. A total of 258 (14.71%) shifts were unfilled by bank or agency, if these shifts had been filled available staffing would be higher. At PPH all the wards have dedicated therapy resources which provide care to patients. In addition, there are matrons, clinical development leads and activity co-ordinators who support the wards and are not included in the rota, therefore this needs to be factored in to assessing the provision of safe and appropriate care.

To illustrate that PPH staffing was safe across the hospital, a random date was selected from the month and the CHPPD figures compared. On the 15th of October the CHPPD data demonstrated; Bluebell ward required CHPPD was 10.36 and the actual CHPPD was 10.6. Daisy ward required CHPPD was 9.32 and actual CHPPD was 9.76. Rose ward required CHPPD was 11.23 and the actual CHPPD was 9.96. Snowdrop ward required CHPPD was 10.03 and actual was 10.06. Orchid ward data was unavailable as it was not completed on the day. Rowan ward required CHPPD was 17.47 and the actual was 19.10. Sorrel ward required CHPPD data was 17.41 and the actual CHPPD was 24.74. In addition, there would be AHPs, Clinical Leads and Matrons available to support. The data demonstrates that staffing across the hospital was sufficient for the patient acuity and dependency on that day.

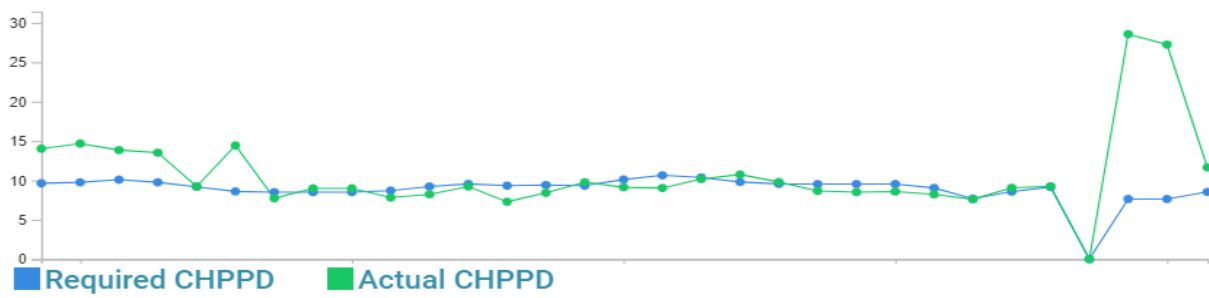
The percentage of RN shifts covered by bank staff on each ward varied from 6.54% to 10.87% and the non-qualified shifts covered by bank staff varied from 34.77% 51.6% of all shifts during the month. Many of the bank shifts are worked by staff who also have a permanent contract in the trust or who work with the hospital regularly. Only RN shifts needed to be covered by agency and this accounted for a small proportion of shifts (from 9% on Daisy ward to 5% on Snowdrop ward). Sickness absence has been very variable across the wards during the month with Rose and Bluebell ward experiencing significant sickness absence at 24.77% and 13% respectively whilst Snowdrop experienced 8.42% and Daisy ward experienced the lowest sickness absence levels at 6.33%.

Bluebell

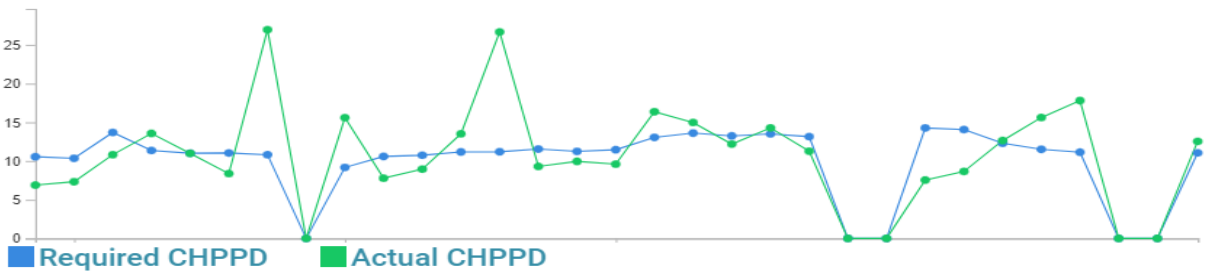


Daisy Ward

Required vs Actual CHPPD

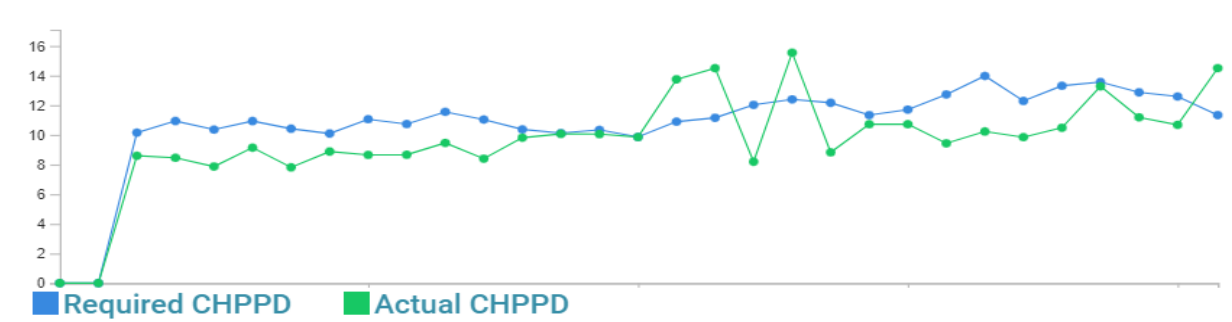


Rose Ward



Snowdrop Ward

Required vs Actual CHPPD



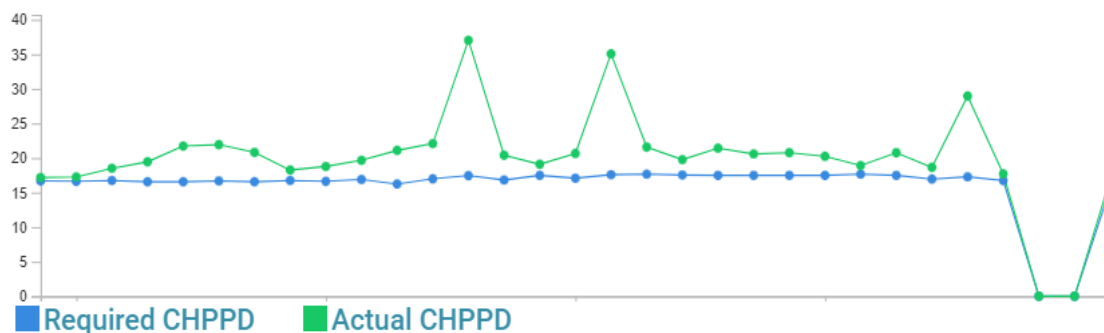
Mental Health Older People's Wards

On the Older People's wards at PPH, data demonstrates that there were no incidents reported of moderate harm or above or incidents relating to staffing levels, staffing levels appears adequate for both wards. However as can be seen reporting is variable some data is missing from Orchid ward although it has improved. A total of 145 (8.86%) shifts were unfilled by bank or agency. All the wards also have therapy resource not factored in to the SafeCare tool which provide care to patients provides additional. The dates chosen below, illustrate the average figures for each ward.

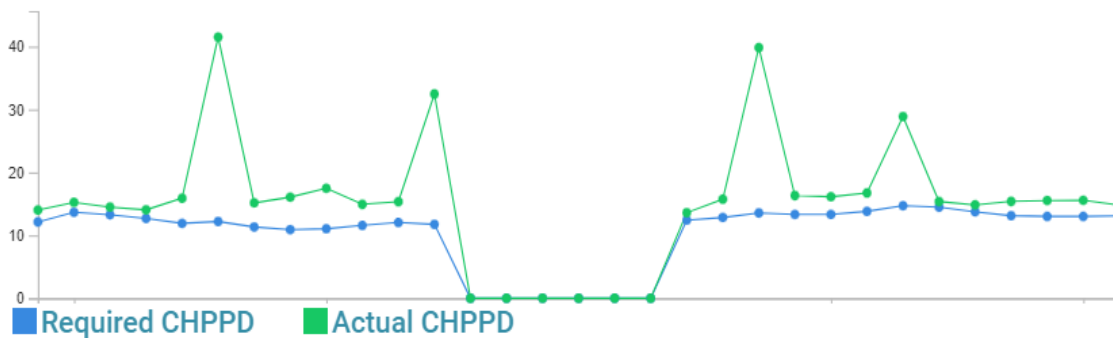
Rowan Ward had 5.94% of RN shifts and 47.03% of non-qualified shifts covered by bank staff. There were 16.53% of non-qualified shifts covered by agency. As an illustration, on 23rd October the CHPPD data shows that the required was 17.47 but the actual was 20.23, available therapy would have contributed additional CHPPD meaning that the ward was considered safe. Sickness in October for RNs was 13.81% and non-qualified staff 6.01% (average for all staff groups in October was 9.91%).

Orchid Ward had 3.26% of RN shifts and 58.86% of non-qualified shifts covered by bank staff. There were 16.53% of non-qualified shifts covered by agency. As an illustration, on 23rd October the CHPPD data shows that the required was 13.32 but the actual was 16.13, available therapy would have contributed additional CHPPD meaning that the ward was considered safe. Sickness in October for RNs was 8.82% and non-qualified staff 16.19% (average for all staff groups in October was 12.5%).

Rowan Ward



Orchid Ward

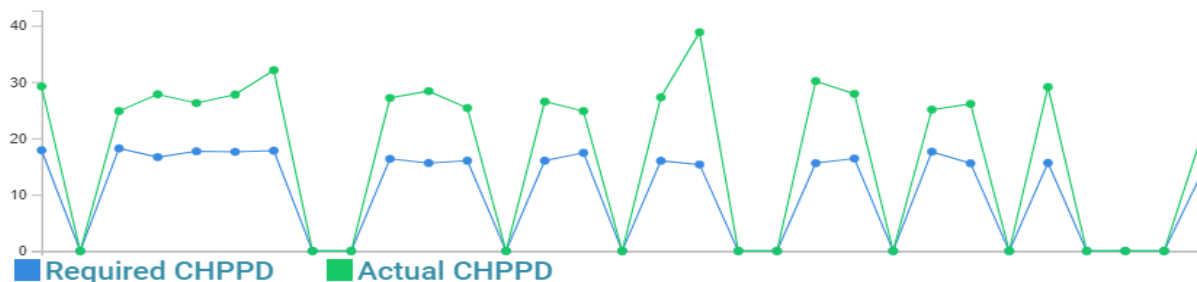


Psychiatric Intensive Care Unit (Sorrel)

On Sorrel Ward data demonstrates that there were no incidents reported of moderate or above and there were no incidents relating to staffing. Staffing levels appears adequate. However as can be seen reporting is variable and half of it is missing making it difficult to utilise the data recorded. A total of 26 (7.49%) shifts were unfilled by bank or agency.

Sorrel Ward had 9.46% of RN shifts and 38.14% of non-qualified shifts covered by bank staff. There were 0 shifts covered by agency. Sickness in October for RNs was 0% and non-qualified staff 12.57% (average for all staff groups in October was 6.28%).

Sorrel Ward



West CHS Wards

West CHS ward data demonstrates that although there were no incidents reported of moderate or above related to staffing, levels appear sub-optimal on every shift. However, a total of 249 (25.05%) 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.

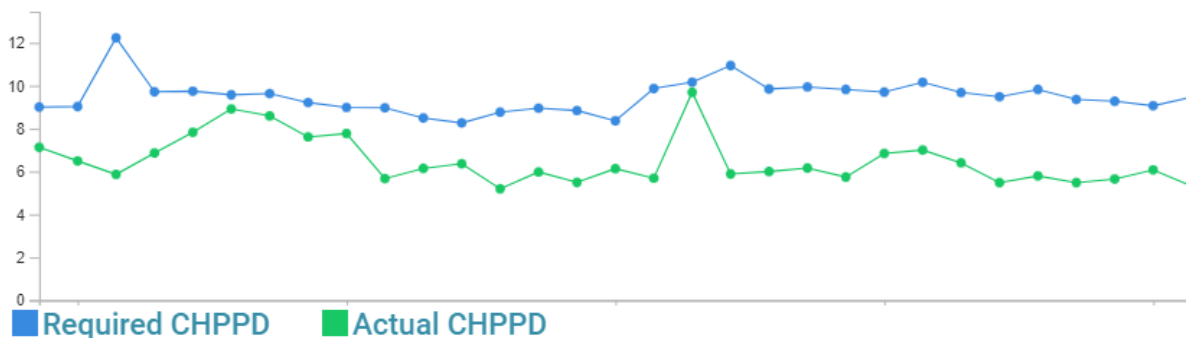
A percentage of shifts are covered by bank/agency staff to assist with improving and maintaining staffing levels. On Oakwood Unit 6.67% of RN staff on shift were bank staff (7.6% in September) and 18.58% of non-qualified staff (16.03% in September) were bank staff. There were no shifts filled by agency.

On 12th October, the CHPPD data demonstrates that the required level was 8.26 CHPPD with the actual nursing contribution to this being 6.36 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 nursing staffing would have been more optimal. Sickness data taken from Health Roster for October on Oakwood ward showed that RN sickness was 7.94% and non-qualified sickness 10.56% (average 9.25 % for sickness across all staff on Oakwood ward). The trust benchmark is 3.5%. There were no complaints related to safe staffing for Oakwood Unit.

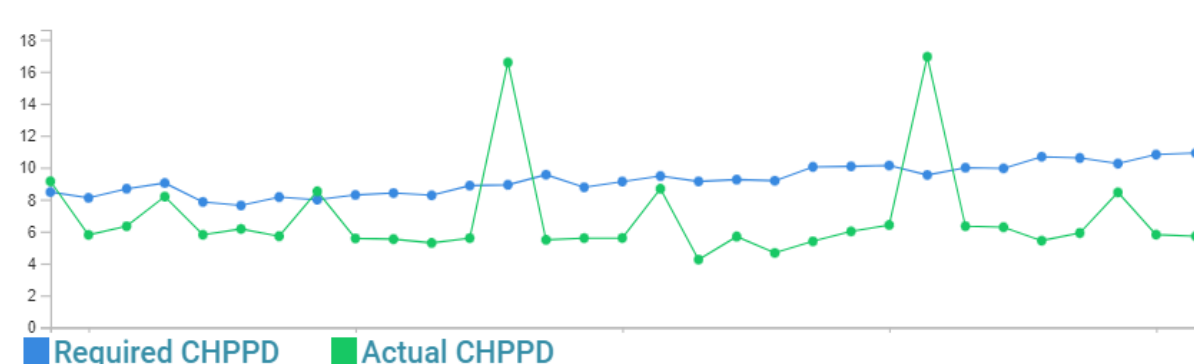
On the West Berkshire Community Hospital wards 11.61% of rostered RN staff were bank staff (13.45% in September) and 18.55% of non-qualified shifts (12.99% in September) were covered by bank staff. 0 RN shifts were covered by agency staff but 6.38% were covered by non-qualified agency staff. As an illustration of actual versus required CHPPD , on 16th October, the graph demonstrates the CHPPD required was 8.61 but the actual was 6.77, 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 October from Health Roster demonstrated that RN sickness was 10.36% and non-qualified sickness was 15.57% (average sickness for WBCH was 12.96% across all staff groups). There were no incidents or complaints received for October related to staffing.

On Wokingham wards 11.43% of qualified nursing shifts (9.14% in September) and 21.20% of unqualified shifts (16.12% in September) were filled by bank staff. In addition, no shifts were covered by agency. As an illustration, on 9th October the CHPPD data shows that the required was 8.28 but the actual was 5.56, 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 October showed that RN sickness was 6.19% and non-qualified sickness was 23.37% (average sickness across all staff groups on Wokingham wards was 14.78%).

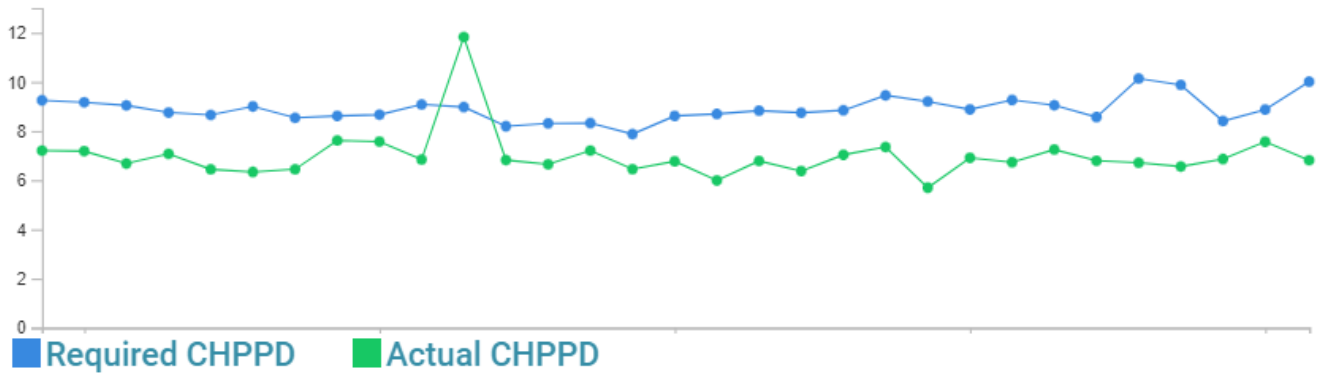
Oakwood Unit



Wokingham Wards



West Berkshire Community Hospital



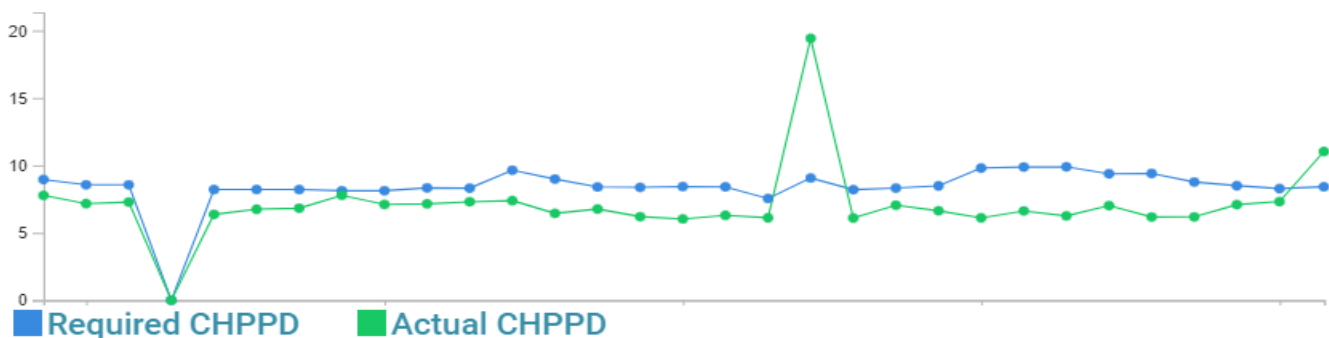
East CHS Wards

The East wards staffing to patient ratios appear to be sufficient for the acuity of patients on the ward. 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 15 unfilled bank/agency shifts (5.95%) which would have assisted in improving the staffing levels.

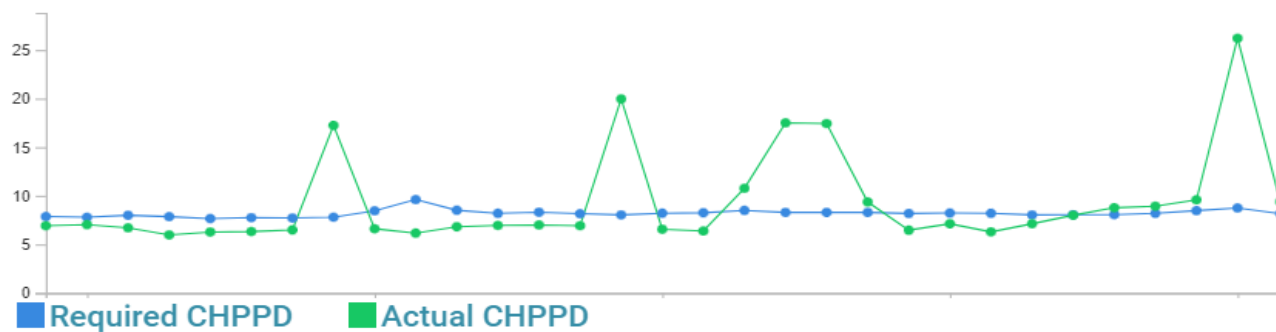
Henry Tudor had 10.92% of RN shifts (8.42% in September) and 17.91% of non-qualified shifts (23.45% in September) covered by bank staff. There were 0 shifts covered by agency. As an illustration, on 10th October the CHPPD data shows that the required was 8.32 but the actual was 7.14, available therapy would have contributed addition CHPPD meaning that the ward was considered safe. Sickness in October for RNs was 2.64% and non-qualified staff 4.55% (average for all staff groups on Henry Tudor ward in October was 3.59%).

Jubilee ward had 12.5% of RN shifts (6.26% in September) and 14.70% of non-qualified shifts (5.55% in September) covered by bank staff. No agency was used. As an illustration, on 12th October the CHPPD data shows that the required was 8.19 but the actual was 6.94. As with Henry Tudor ward, therapy staff are not included in CHPPD and would have contributed to the CHPPD for each patient meaning that the ward was safe. Sickness in October for RNs was 15.61% and for non-qualified nurses 9.05% (average for all staff groups on Jubilee ward in October was 12.33 %).

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 Prospect Park and East Community 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 21.70%; the previous month was 22.02%. 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 October. Current workforce data demonstrates that the RN WTE has decreased to 58.70% (September 59.36%). Turnover has increased to 19.64% from 18.97%. Reasons for leaving were child dependents, dismissal, work life balance and relocation. The number of international nurse recruits at PPH remains at 8. Retention of Healthcare Assistants recruited via the open days remains at 100%. For qualified staff, there were four individuals appointed to the developmental rotational posts with two already in post. The preceptees who commenced in September have now undertaken their induction week and 18 newly qualified RMNs have been offered posts and are in various stages of the recruitment and starting process. A Recruitment Business Partner is now in post. 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 October 2022, there have been 7 nurses recruited to the community wards. There is a cohort of 8-10 nurses planned to pend the outcome of recent interviews. There are 3 mental health nurses still required. A newly created pastoral care officer post will help with integrating the international nursing recruits.

Community Nursing

A National tool devised by Keith Hurst has just been launched by NHSE to examine caseload dependency scores. Workshops are now underway to representatives from community nursing teams to assist with the local roll out. It is envisaged that this will enable greater understanding of the staffing requirements needed to meet demand and patient acuity. 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 continue
- 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 and numbers are starting to increase as is the national picture

Safe Staffing Declarations

Most of the wards have some vacancy, with Prospect Park Hospital experiencing the most significant vacancy. Alongside this sickness absence levels remain high across the wards and as a result, there is continued high use of temporary staff to achieve the position of safe staffing numbers. The continual 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 and Therapies

04/11/2022