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## Safe Staffing Report April 2024

The following report provides a summary staffing position across the wards for March 2024 in line with national reporting requirements.

### Summary Position.

There were 6 reported staffing issues from Datix. The figure is low, and it is likely that this due to under reporting of staffing incidents. There were 5 incidents reported in February. Triangulation of complaints and clinical patient safety incident data sets involving medication, falls, pressure ulcers, absent and missing, seclusions, prone restraints, self-harm and assaults did not reveal any incidents of moderate harm or above during the month because of staffing levels.

The total number of temporary staff requests for March was 5947 compared to February at 5107. The need for temporary staff continues to be driven by vacancy, absence, and the need to increase staffing numbers to meet acuity and need of patients.

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 seen as a red flag and highlighted 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. The number of shifts reported with less than two registered nurses (RN) per shift in March was 47 from 58 in February and January at 59. On shifts with less than two registered nursing staff there were senior clinical staff on the wards (Ward Manager, Matron and for PPH there is also a Clinical Development Lead) and therapy staff based on the wards 9-5pm during the week that provided support. At PPH staff were moved across the hospital (including APOS staff) to assist wards with less than 2 registered staff in meeting their minimal staffing requirements and support is also provided by the Designated Senior Nurse on duty and a senior Band 7 nurse for night duties. The provision of these staff who are not counted within the safer care tool need to be factored in when assessing the provision of safe and appropriate care.

During March, there were some restrictions to admissions activity in bays or whole wards across the Trust because of Covid and other infection control needs.

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## Temporary staffing

As part of the international nursing recruitment pilot the East and West CHS wards are to employ most of the international recruits. As of March 2024, there have been 13 nurses recruited to the community wards. The number of international nurse recruits at PPH remains at 8 and is unchanged.

	Total number temporary staffing shifts requested	Number of temporary shifts requested to fill registered staff gap	Total temporary shifts unfilled
PPH	3887 (3372 February)	845 (719 February)	170 (4.37%)
West community Wards	905 (969 February)	296 (246 February)	92 (10.16%)
East Community Wards	439 (403 February)	120 (87 February)	19 (4.32%)
Campion	422 (363 February)	135 (87 February)	9 (2.13%)

## Average Bed occupancy across the month

	Average occupancy current reporting month (comparison to last month)	
PPH Acute Adult	90.41% (91.95%)	
PPH Older Adult	77.92% (73.45%)	
West Community Wards	86.45% (85.30%)	
East Community Wards	74.6% (80.32%)	
Campion	54.11% (72.44%)	
<b>Occupancy 90% and below</b>	<b>Occupancy 90-95%</b>	<b>Occupancy 95% and above</b>

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## Risks identified.

- Number of current registered nurse and healthcare assistant vacancies across Prospect Park Hospital.
- Number of bank and agency staff used to ensure safe staffing levels.
- Sickness and absence levels.

## Main themes in relation to safe staffing:

- Recruitment of both Registered Nurses and HCAs remains challenging in line with the national picture.
- 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.

## 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.

## Safe staffing overview table

The table below 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. The Care Hours per Patient Day (CHPPD) metric was developed to provide a consistent way of recording and reporting deployment of staff providing care on inpatient wards, 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 in the table 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.

In addition to the data within the table below the SafeCare tool which is aligned to e-roster is now used across all wards, this enables wards to capture daily the CHPPD required for the acuity of patients (this is detailed in appendix one alongside more detailed information) and to use this for clinical decision making in terms of staff deployment.

## Current nursing workforce and vacancies:

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	Registered nurses (wte)	Vacancy (wte)	Total available registered nurses (wte)	Unregistered nurses (wte)	Vacancy (wte)	Total available unregistered nurses (wte)
PPH	92.4	40.69 (44.04%)	51.71 (55.96%)	200.69	55.58 (29.69%)	145.11 (72.31%)
Campion	10.8	1.8 (16.67%)	9 (83.33%)	22.2	1.75 (7.88%)	20.45 (92.12%)
West CHS wards	53.39	0.09 (0.17%)	53.30 (99.83%)	72.66	4.83 (6.65%)	67.83 (93.35%)
East CHS wards	29.82	7.42 (24.88%)	22.40 (75.12%)	33.47	8.61 (25.80%)	24.86 (74.20%)
Total CHS wards	83.21	7.51 (9.03%)	75.70 (90.07%)	106.13	13.50 (12.72%)	92.63 (87.28%)
<b>Total all wards</b>	<b>186.41</b>	<b>50.00 (26.83%)</b>	<b>136.41 (73.17%)</b>	<b>329.02</b>	<b>70.83 (21.53%)</b>	<b>258.19 (78.47%)</b>

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

March 24	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	41.87	16.84	101.61	98.39	0.00	0.00	100.00	109.68	0.00	0.00	90.31	616	2.6	6.1	0.0	0.0	8.7	2	0	0	0	
Daisy	41.87	16.68	95.97	127.74	0.00	0.00	96.77	146.77	0.00	0.00	91.04	621	2.5	7.9	0.0	0.0	10.4	11	2	2	0	
Rose	41.87	15.49	95.16	125.81	0.00	0.00	100.00	145.97	0.00	0.00	89.86	613	2.5	7.6	0.0	0.0	10.1	7	0	0	0	
Snowdrop	41.87	15.12	109.68	136.94	0.00	0.00	100.00	154.84	0.00	0.00	90.45	617	2.7	8.5	0.0	0.0	11.2	1	0	0	0	
Orchid	41.87	7.13	94.35	258.20	0.00	0.00	98.40	329.03	0.00	0.00	89.71	556	2.8	9.1	0.0	0.0	11.9	11	1	1	0	
Rowan	41.87	6.22	106.45	205.81	0.00	0.00	101.61	235.48	0.00	0.00	66.15	410	4.1	19.3	0.0	0.0	23.4	0	0	0	0	
Sorrel	41.87	18.79	103.23	144.84	0.00	0.00	100.00	175.81	0.00	0.00	100	341	4.8	16.7	0.0	0.0	21.5	1	0	0	0	
Campion	33	3.55	172.58	244.84	0.00	0.00	193.58	138.71	1.0	0.00	54.11	151	13.9	42.4	1.0	0.0	56.1	0	0	0	0	
Donnington	49.97	3.61	93.55	112.90	0.3	0.00	111.29	112.90	0.00	0.00	87.2	811	2.2	4.6	0.3	0.0	8.8	0	0	0	0	
Highclere			95.97	89.86	0.2	0.00	95.16	95.16	0.00	0.00	90.13	419	3.4	4.9	0.2	0.0	8.3	5	3	1	0	
Oakwood	32.13	3.81	100.54	101.94	0.00	0.00	101.61	108.06	0.00	0.00	97.29	724	2.8	4.2	0.0	0.0	7.0	0	0	0	0	
Ascot	43.95	-2.50	97.53	102.30	0.00	0.00	100.00	155.13	0.00	0.00	81.72	456	3.5	4.3	0.0	0.0	7.8	3	0	1	0	
Windsor			142.74	122.58	0.00	0.00	145.16	203.23	0.00	0.00	75.92	659	3.5	3.6	0.0	0.0	7.1	0	0	1	0	
Henry Tudor	32.8	8.77	140.59	107.29	0.00	0.00	157.01	158.74	0.00	0.00	89	745	3.2	4.1	0.0	0.0	7.3	0	0	0	0	
Jubilee	30.6	7.32	76.67	90.73	0.00	0.00	96.77	141.94	0.00	0.00	60.20	448	3.1	6.0	0.0	0.0	9.1	0	0	0	0	

# Appendix 1

## Prospect Park

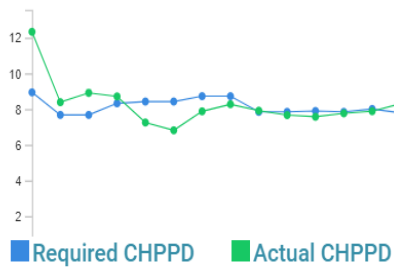
Across the acute wards a total of 76 (4.76%) shifts were unfilled by bank or agency, for Sorrel a total of 18 (3.13%) shifts were unfilled by bank or agency and across the older adult wards a total of 76 (4.42%) shifts were unfilled by bank or agency. At PPH all the wards have dedicated therapy resources which provide care to patients. In addition, there are matrons, clinical development leads and activity coordinators who support the wards and are not included in the rota.

The percentage of RN shifts covered on the acute wards by bank staff on each ward varied from 11.91% to 15.33% and the non-qualified shifts covered by bank staff varied from 38.50% to 54.83% of all shifts during the month. Sorrel Ward had 13.24% of RN shifts and 56.08% of non-qualified shifts covered by bank staff. There no shifts covered by agency. Rowan Ward had 8.42% of RN shifts and 56.92% of non-qualified shifts covered by bank staff. Orchid Ward had 11.57% of RN shifts and 61.78% of non-qualified shifts covered by bank staff. There were no shifts covered by agency on the older adult wards.

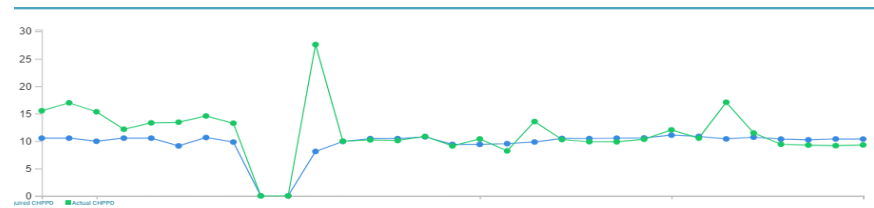
Sickness absence has been very variable across the wards for March. Orchid ward had significant sickness at 18.59%. Bluebell ward was 8.79%, Sorrel ward was 4.64%, Snowdrop ward was 6.03%, Rowan ward 7.20%, Rose ward 5.15%, and Daisy ward 4.21%.

Available data demonstrated that wards were safely staffed during March with available staffing matching patient need. Further support is being provided to the mental health wards to support completion of the daily care hours tool and this month data again was much improved.

**Bluebell:**



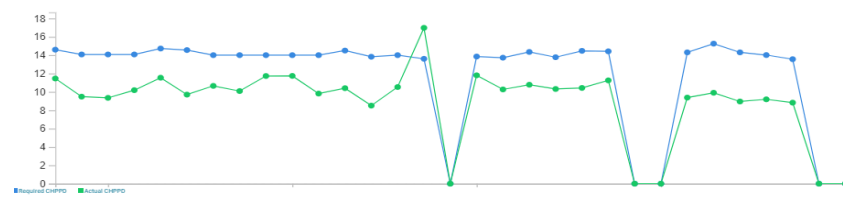
**Daisy:**



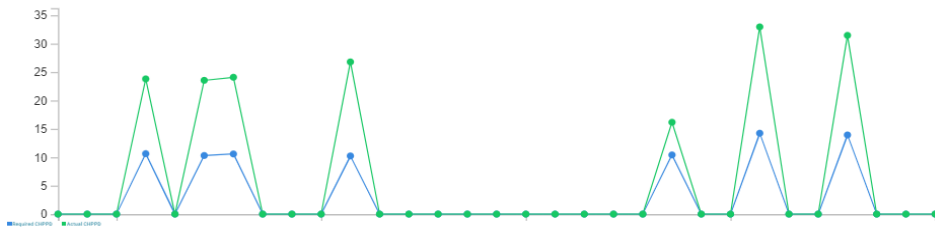
### Rose:



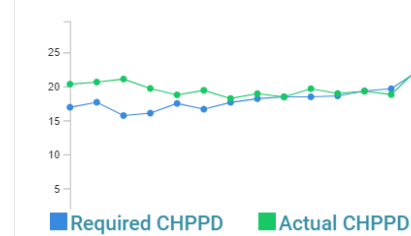
### Snowdrop:



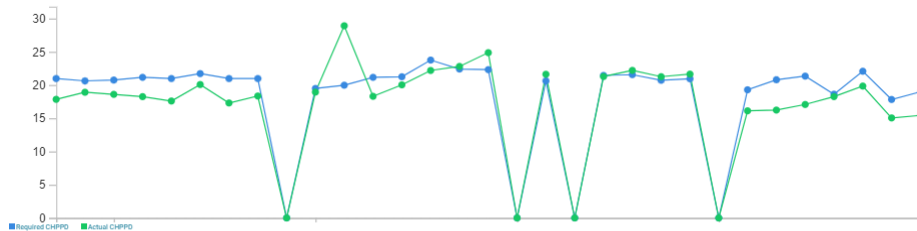
### Orchid:



### Rowan:



### Sorrel:



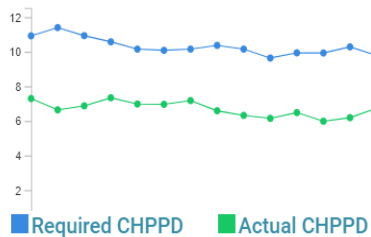
## West Community Health Service Wards.

Across all the wards the safer care tool is indicating that the staffing was suboptimal for the acuity of patients, however, there are staff not counted within this including ward managers and therapy staff who were on the ward to provide care and support to the patients. Further work is being undertaken around the West ward's establishment and dependency/acuity recording.

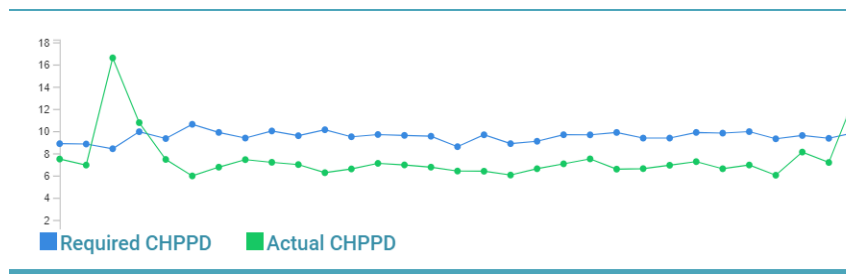
On Oakwood Unit 3.91% of RN staff on shift were bank staff (2.49% in February) and 18.50% of non-qualified staff (22.48% in February) were bank staff. There were 1.60% of non-qualified shifts filled by agency. On the West Berkshire Community Hospital wards 11.28% of rostered RN staff were bank staff (9.68% in February) and 17.01% of non-qualified shifts (18.13% in February) were covered by bank staff. There were 1.22% of qualified shifts covered by agency staff (none in February) and 2.30% of non-qualified shifts covered agency staff (8.30% in February). On Wokingham wards 10.09% of qualified nursing shifts (11.27% in February) and 19.78% of unqualified shifts (22.48% in February) were filled by bank staff. There were no shifts covered by agency staff.

Sickness data taken from Health Roster for March showed that average sickness absence on Oakwood was 5.38%, for WBCB this was 4.40% and for Wokingham unit this was 6.16%.

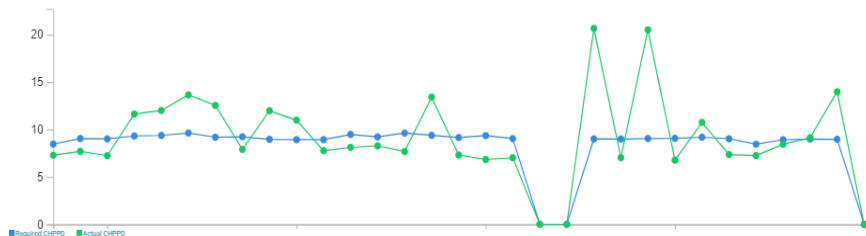
**Oakwood Unit:**



**West Berkshire Community Hospital:**



**Wokingham Wards:**



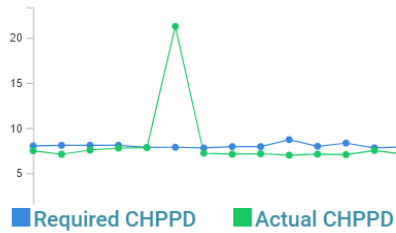
**East Community Health Service Wards.**

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. Henry Tudor had 15.59% of RN shifts (12.41% in

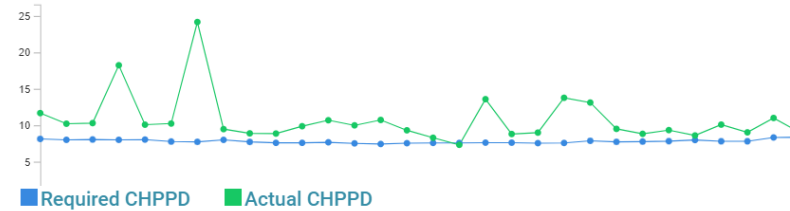


February) and 29.66% of non-qualified shifts (33.40% in February) covered by bank staff and on Jubilee ward 9.55% of RN shifts (8.81% in February) and 28.84% of nonqualified shifts (29.07% in February) were covered by bank staff. There were no shifts covered by agency on either Henry Tudor ward or Jubilee ward in March. Sickness in March on Henry Tudor ward was 5.39% and for Jubilee ward it was 1.37%.

### Henry Tudor Ward:



### Jubilee Ward:



### Campion Unit.

There were 0 shifts with less than two registered nurses. The number of temporary staffing shifts requested for Campion unit was 278; 135 of these were for registered nurses (48.56%). A total of 9 (3.23%) of all temporary staff requests were unfilled. There was 1 unfilled request for registered nurses.

## Community Nursing.

A National tool devised by Keith Hurst has been launched by NHSE to examine caseload dependency scores. There is further work being undertaken at NHSE to fine tune some of the tool figures before all the results can be used. It is envisaged that this will enable greater understanding of the staffing requirements needed to meet demand and patient acuity. The pilot/test of the CNSST tool with two localities was completed in June 2023, the results collated and included in the six-monthly board report. The CNSST has been rolled out to the remaining localities and the data collection was completed in the last week November. Further collection dates have been organized for June and November 2024. Community nursing is currently working on aligning heat maps across the trust in order that reporting can be compared across each locality.

**Debbie Fulton**

**Director of Nursing and Therapies 04/04/2024.**