# Safe Staffing Report June 2024

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

## Summary Position.

There were 4 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 March. 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 May was 3834 compared to April at 4295 and to March at 5947. 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 May was 29 largely unchanged from April at 25 (March at 47). 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/Charge Nurse) 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 May, there were some restrictions to admissions activity in bays across the Trust because of Covid and other infection control needs.

**Temporary staffing**

| | Total number temporary staffing shifts requested | Number of temporary shifts requested to fill registered staff gap | Total temporary shifts unfilled |
|---|---|---|---|
| PPH | 2643 (2943 April) | 471 (508 April) | (0.90%) |
| West Community Wards | 720 (738 April) | 284 (264 April) | (5.41%) |
| East Community Wards | 304 (349 April) | 66 (81 April) | (1.97%) |
| Campion | 167 (265 April) | 62 (92 April) | (0%) |

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

## Average Bed occupancy across the month

| | Average occupancy current reporting month (comparison to last month) | |
|---|---|---|
| PPH Acute Adult | 97.72% (98.57%) | |
| PPH Older Adult | 78.8% (87.5%) | |
| West Community  Wards | 91.4% (87.11%) | |
| East Community Wards | 91.5% (81.62%) | |
| Campion | 63.1% (65.88%) | |
| **Occupancy 90% and below** | **Occupancy 90-95%** | **Occupancy 95% and above** |

## 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.

All 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. The budgeted workforce figures for the Community Health wards have altered this month to reflect the use of the control total budgeting system and are using a combination of established staff and temporary staffing to run their rotas whilst a review of staffing establishment is being undertaken. This has affected the vacancy figures which are now higher to reflect the difference between the planned staff and the permanent establishment of staff.

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:

| | Registered nurses (wte) | Vacancy (wte) | Total available registered nurses (wte) | Unregistered nurses (wte) | Vacancy (wte) | Total available unregistered nurses (wte) |
|---|---|---|---|---|---|---|
| PPH | 92.4 | 38.24 (41.38%) | 54.16 (58.62%) | 251.42 | 102 (40.58%) | 149.41 (59.42%) |
| Campion | 10.8 | 1.86 (17.22%) | 8.94 (82.78%) | 22.2 | 0.53 (2.39%) | 21.67 (97.61%) |
| West CHS wards ** | 70.2 | 12.9 (18.37%) | 57.3 (81.63%) | 91.6 | 26.1 (28.49%) | 65.5 (71.51%) |
| East CHS wards | 35.3 | 11.9 (33.71%) | 23.4 (66.29%) | 41.6 | 15.1 (36.29%) | 26.5 (63.71%) |
| Total CHS wards | 105.5 | 24.8 (23.50%) | 80.7 (76.50%) | 133.2 | 41.2 (30.93%) | 92 (69.07%) |
| Total all wards | **208.7** | **64.9 (31.09%)** | **143.8 (68.91%)** | **406.82** | **143.73 (35.33%)** | **263.07 (64.67%)** |

 ** A review of the west wards is underway; they are currently using a combination of established staff and temporary staffing to run their rotas, the vacancy detailed above explains what would be needed to fill all  posts with permanent staff.

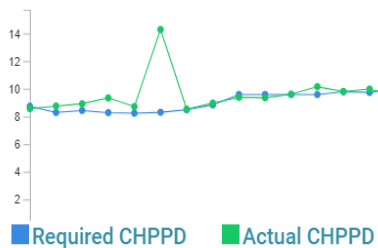| May 2024 | Budgeted workforce (wte) | Vacancy (wte) | % DAY FILL RATE | | | | % NIGHT FILL RATE | | | | Bed Occupancy % | CARE HOURS PER PATIENT DAY | | | | | | No. of shifts with less than 2 RN | | No. of incidents reported linked to staffing | No incidents where harm caused as a result of reduced 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 | 42.92 | 15.71 | 103.23 | 124.52 | 0 | 0 | 95.16 | 145.16 | 0 | 0 | 98.7 | 612 | 2.6 | 7.9 | 0.0 | 0.0 | 10.5 | 0 | 3 | 0 | 0 | orange |
| Daisy | 42.92 | 17.35 | 98.39 | 104.52 | 0 | 0 | 96.77 | 124.19 | 0 | 0 | 93.7 | 581 | 2.7 | 7.0 | 0.0 | 0.0 | 9.7 | 2 | 0 | 0 | 0 | orange |
| Rose | 42.92 | 15.16 | 98.39 | 110.60 | 0 | 0 | 100.00 | 129.84 | 0 | 0 | 100 | 624 | 2.5 | 6.6 | 0.0 | 0.0 | 9.1 | 3 | 0 | 0 | 0 | orange |
| Snowdrop | 42.92 | 12.80 | 98.79 | 144.68 | 0 | 0 | 100.00 | 173.39 | 0 | 0 | 97.9 | 607 | 2.6 | 9.3 | 0.0 | 0.0 | 11.9 | 4 | 0 | 0 | 0 | orange |
| Orchid | 61.32 | 28.36 | 98.17 | 252.42 | 0 | 0 | 95.16 | 193.50 | 0 | 0 | 86.5 | 536 | 2.9 | 9.1 | 0.0 | 0.0 | 12 | 4 | 1 | 1 | 0 | orange |
| Rowan | 61.32 | 27.41 | 108.87 | 242.58 | 0 | 150.0 | 100.00 | 241.13 | 0 | 0 | 71.1 | 441 | 3.8 | 20.1 | 0.0 | 0.0 | 23.9 | 0 | 0 | 0 | 0 | orange |
| Sorrel | 42.92 | 23.47 | 100.00 | 100.97 | 0 | 0 | 100.00 | 125.00 | 0 | 0 | 95.6 | 326 | 4.9 | 12.3 | 0.0 | 0.0 | 17.2 | 0 | 0 | 0 | 0 | orange |
| Campion | 33 | 2.39 | 188.71 | 222.58 | 0 | 0 | 190.32 | 133.87 | 137.35 | 0 | 63.1 | 176 | 13.6 | 33.7 | 0.0 | 0.0 | 47.3 | 0 | 0 | 0 | 0 | green |
| Donnington | 64.3 | 16.4 | 97.31 | 111.11 | 0 | 300.0 | 148.39 | 98.39 | 0 | 0 | 89.9 | 795 | 2.9 | 4.5 | 0.4 | 0.0 | 7.8 | 0 | 0 | 0 | 0 | orange |
| Highclere | | | 91.94 | 90.78 | 0 | 150.0 | 100.00 | 96.77 | 0 | 0 | 85.2 | 396 | 3.7 | 5.2 | 0.4 | 0.0 | 8.9 | 10 | 0 | 0 | 0 | orange |
| Oakwood | 41.7 | 12.1 | 97.85 | 109.35 | 0 | 0 | 100.00 | 150.00 | 0 | 0 | 94.8 | 705 | 2.8 | 4.9 | 0.0 | 0.0 | 7.7 | 0 | 0 | 0 | 0 | orange |
| Ascot | 55.8 | 10.5 | 99.19 | 99.75 | 0 | 0 | 100.00 | 200.00 | 0 | 0 | 91.4 | 465 | 3.5 | 4.5 | 0.0 | 0.0 | 8 | 2 | 0 | 0 | 0 | orange |
| Windsor | | | 91.94 | 103.63 | 0 | 0 | 148.39 | 193.55 | 0 | 0 | 95.7 | 818 | 2.8 | 2.9 | 0.0 | 0.0 | 5.7 | 0 | 0 | 3 | 0 | orange |
| Henry Tudor | 32.80 | 15.8 | 140.05 | 106.83 | 0 | 0 | 159.19 | 168.94 | 0 | 0 | 92 | 815 | 2.9 | 3.8 | 0.0 | 0.0 | 6.7 | 0 | 0 | 0 | 0 | green |
| Jubilee | 30.23 | 11.2 | 77.80 | 91.10 | 0 | 0 | 96.77 | 145.16 | 0 | 0 | 91 | 447 | 3.2 | 6.1 | 0.0 | 0.0 | 9.3 | 0 | 0 | 0 | 0 | green |

# Appendix 1

## Prospect Park

Across the acute wards a total of 10 (0.93%) shifts were unfilled by bank or agency, for Sorrel a total of 0 (0%) shifts were unfilled by bank or agency and across the older adult wards a total of 14 (1.05%) 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 and clinical development leads/charge nurses who are not included in the ward numbers.

The percentage of RN shifts covered on the acute wards by bank staff on each ward varied from 8.17% to 14.63% and the non-qualified shifts covered by bank staff varied from 28.31% to 41.22% of all shifts during the month. Sorrel Ward had 14.23% of RN shifts and 28.16% of non-qualified shifts covered by bank staff. There no shifts covered by agency. Rowan Ward had 3.54% of RN shifts and 58.48% of non-qualified shifts covered by bank staff. Orchid Ward had 4.26% of RN shifts and 53.82% of non-qualified shifts covered by bank staff. There were no shifts covered by agency on the older adult wards.
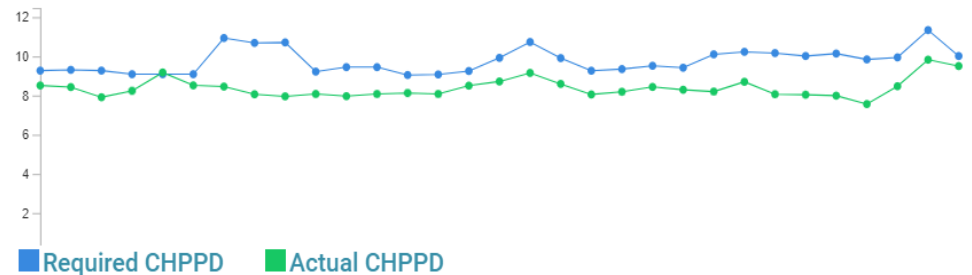
Sickness absence has been very variable across the wards for May. Rowan ward had significant sickness at 12.06% and Orchid ward at 11.29%. Bluebell ward was 9.86%, Sorrel ward was 1.40%, Snowdrop ward was 9.42%, Rose ward 3.68%, and Daisy ward 0.68%.

Available data demonstrated that wards were safely staffed during May 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 with minimal missing data.

**Bluebell:**



**Daisy:**

## Rose:



■ Required CHPPD ■ Actual CHPPD

## Snowdrop:



■ Required CHPPD ■ Actual CHPPD

## Orchid:



■ Required CHPPD ■ Actual CHPPD

## Rowan:



■ Required CHPPD ■ Actual CHPPD

## Sorrel:



■ Required CHPPD ■ Actual CHPPD

**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 currently being undertaken around the West ward's establishment and dependency/acuity recording.

On Oakwood Unit 1.88% of RN staff on shift were bank staff (4.39% in April) and 19.81% of non-qualified staff (19.33% in April) were bank staff. There were no shifts filled by agency. On the West Berkshire Community Hospital wards 15.54% of rostered RN staff were bank staff (12.81% in April) and 10.25% of non-qualified shifts (12.02% in April) were covered by bank staff. There were 0.88% of qualified shifts covered by agency staff (1.05% in April). On Wokingham wards 10.29% of qualified nursing shifts (8.44% in April) and 18.85% of unqualified shifts (16.87% in April) were filled by bank staff. There were no shifts covered by agency staff.

Sickness data taken from Health Roster for May showed that average sickness absence on Oakwood was 5.92%, for WBCH this was 4.52% and for Wokingham unit this was 8.68%.
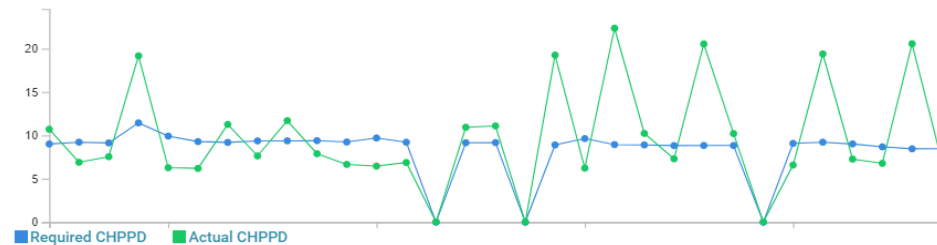
**Oakwood Unit:**
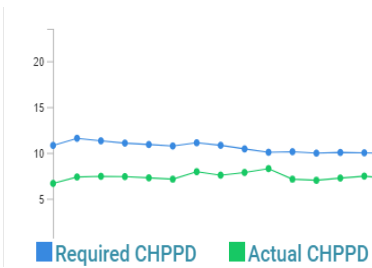


**West Berkshire Community Hospital:**
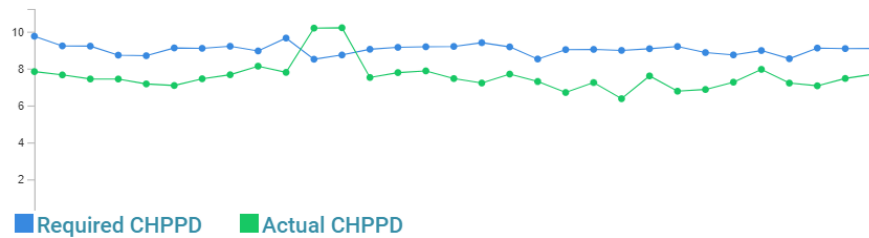


**Wokingham Wards:**

**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 7.66% of RN shifts (11.26% in April) and 26.43% of non-qualified shifts (27.48% in April) covered by bank staff and on Jubilee ward 9.71% of RN shifts (6.72% in April) and 19.45% of nonqualified shifts (27.16% in April) were covered by bank staff. There were no shifts covered by agency on either Henry Tudor ward or Jubilee ward in May.
Sickness in May on Henry Tudor ward was 5.06% and for Jubilee ward it was 6.82%.

**Henry Tudor Ward:**
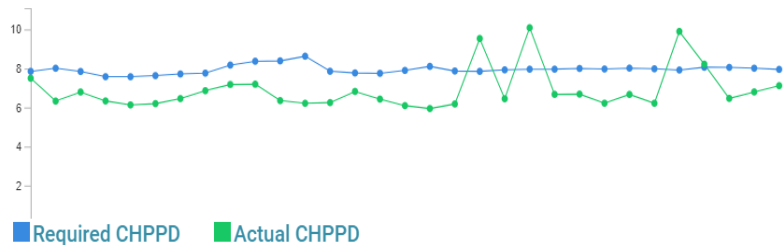
**Jubilee Ward:**
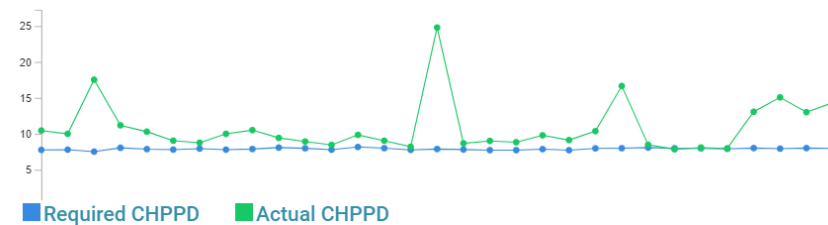


**Campion Unit**.

There were 0 shifts with less than two registered nurses. The number of temporary staffing shifts requested for Campion unit was 167; 62 of these were for registered nurses (37.12%). There were 0 unfilled temporary staff requests.

# 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 were planned this year but are currently on hold for further fine tuning of the tool to be undertaken at NHSE.

**Debbie Fulton**

**Director of Nursing and Therapies 06/06/2024.**