

Safe staffing report January 2023

The following report provides a summary staffing position across the wards for December 2022 in line with national reporting requirements.

Executive Summary

There were 30 reported staffing issues from Datix, and all were of low impact with no harm reported as a consequence, this is compared to 9 reported in November. There were no staffing incidents reported of moderate or greater harm during the month. 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 incidents of moderate harm or above during the month as a result of staffing levels.

The total number of temporary staff requests increased during December to 5419 compared with 5183 in November. 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 of 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, therefore it is breaches in these levels that are captured in the Table above for Inpatient wards.

The number of shifts reported with less than two registered nurses (RN) per shift in December was 168 (November 202 and October 207). 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. 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 December there were bed closures across community and mental health wards to support compliance with Infection prevention and control measures for to mitigate spread of infection due to influenza, covid, RSV and Noro virus.

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	110.52	43.64 (39.49%)	66.88 (60.51%) [G]	201.24	55.2 (27.42%)	146.04 (72.5%) [G]
Campion	10	1 (10%)	9 (90%) [R]	24	3 (12.5%)	21 (87.5%) [R]
West CHS wards	62.85	0 (0%)	62.85 (100%) [A]	78.88	4.46 (5.65%)	74.42 (94.35%) [A]
East CHS wards	21.29	3.6 (16.9%)	17.69 (83.1%) [G]	33.01	3 (9.08%)	30.01 (90.92%) [G]
Total CHS wards	84.14	3.6 (4.27%)	80.54 (95.73%)	111.89	7.46 (6.66%)	104.43 (93.34%)
Total all wards	204.66	48.24 (%)	156.42 (%)	327.13	65.66 (20.07%)	271.47 (79.93%)
[G]	Improved position on last month	[A]	Similar position to last month	[R]	Worsening position to last month	

Post recruitment the current overall vacancy rate at PPH is currently 19.72%; the previous month was 21.76%. Current workforce data demonstrates that the RN WTE has increased to 60.51% (November 56.9%). Turnover has decreased to 19.06% from 19.93%. Reasons for leaving were early retirement, work life balance, dismissal due to capability and relocation.

As part of the international nursing recruitment pilot the East and West CHS wards are to employ most of the international recruits. The aim was to recruit 15 general nurses and 5 mental health nurses in 2022. As of December 2022, there have been 13 nurses recruited to the community wards. The number of international nurse recruits at PPH remains at 8.

Temporary Staffing

	Total number temporary staffing shifts requested	Number for temporary shifts requested to fill registered staff gap	Total temporary shifts unfilled
PPH	3835 (3646 November)	638 (627 November)	399 (10.4%)
West community Wards	790 (771 November)	253 (206 November)	160 (20.25 %)
East Community Wards	332 (261 November)	100 (72 November)	30 (9.04 %)
Campion	462 (505 November)	139 (138 November)	29 (6.28%)

Average Bed occupancy across the month

	Average occupancy current reporting month (comparison to last month)	
PPH Acute adult	89.7% (96.3%) – there was higher occupancy on some of the acute wards overall, but occupancy was skewed by bed/ ward closure at points during the month [A]	
PPH Older adult	77.9% (85.4%) [G]	
West community Wards	85.84% (87.08%) [G]	
East community wards	82.15% (87.15%) [G]	
Campion	78.1% (88.1%) [G]	
Occupancy 90% and below [G]	Occupancy 90-95% [A]	Occupancy 95% and above [R]

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

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.

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	85.11	119.91	0.00	0.00	88.77	130.74	0.00	0.00	96.8	660	2.1	6.9	0.0	0.0	9.0	18	7	0	0	[A]
Daisy	39.95	9.95	77.42	138.71	0.00	0.00	88.90	154.84	0.00	0.00	93.9	568	2.3	9.3	0.0	0.0	11.6	29	7	15	0	[A]
Rose	44.15	19.15	83.60	128.09	0.00	0.00	91.94	142.74	0.00	0.00	81.1	553	2.5	8.5	0.0	0.0	11.0	19	5	1	0	[A]
Snowdrop	38.31	16.03	95.16	119.03	0.00	0.00	91.94	121.77	0.00	0.00	87.7	598	2.5	7.3	0.0	0.0	9.8	8	5	0	0	[A]
Orchid	41.80	20.8	85.48	203.23	0.00	0.00	91.94	243.01	0.00	0.00	85.0	527	2.7	11.8	0.0	0.0	14.5	21	4	0	0	[A]
Rowan	42.60	19.53	105.00	225.51	104.00	0.00	85.48	277.48	0.00	0.00	70.8	439	3.2	20.4	0.4	0.0	23.9	5	9	0	0	[A]
Sorrel	37.00	14	96.77	131.61	0.00	0.00	96.77	149.19	0.00	0.00	88.6	302	5.1	16.7	0.0	0.0	21.8	4	2	0	0	[A]
Campion	37.11	4	222.12	254.84	0.00	0.00	192.00	162.90	100.00	0.00	78.1	218	10.3	3.7	0.3	0.0	42.3	2	0	0	0	[G]
Donnington	63.46	3.81	99.80	101.79	71.67	0.00	101.61	87.10	0.00	0.00	85.8	751	2.5	4.3	0.1	0.0	6.9	0	0	2	0	[A]
Highclere			100.48	85.71	87.50	0.00	90.32	67.74	0.00	0.00	90.3	411	3.3	4.4	0.3	0.0	8.0	2	6	10	0	[A]
Oakwood	46.67	0	96.24	103.87	0.00	0.00	101.61	138.71	0.00	0.00	84.9	658	3.0	5.0	0.0	0.0	8.0	1	0	1	0	[A]
Ascot	61.31	0.65	95.86	91.94	0.00	0.00	90.32	109.68	0.00	0.00	81.7	438	3.4	3.8	0.0	0.0	7.2	7	6	0	0	[A]
Windsor			140.32	124.73	0.00	0.00	95.16	206.45	0.00	0.00	86.5	717	2.7	3.4	0.0	0.0	6.1	0	3	1	0	[A]
Henry Tudor	32.80	6.6	118.71	79.73	0.00	0.00	157.01	138.03	0.00	0.00	84.1	626	3.4	3.8	0.0	0.0	7.3	0	0	0	0	[G]
Jubilee	30.23	0	95.70	103.79	0.00	0.00	100.00	195.16	0.00	0.00	80.2	522	3.1	6.4	0.0	0.0	9.4	0	0	0	0	[G]

Appendix 1

Prospect Park

Across the acute wards a total of 235 (12.95%) shifts were unfilled by bank or agency, for Sorrel a total of 52 (10.46%) shifts were unfilled by bank or agency and across the older adult wards a total of 112 (7.34%) 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 co-ordinators who support the wards and are not included in the rota.

Across the wards at PPH the safer care tool appears to indicate that staffing was sufficient for December, and staff are moved across the hospital to ensure safety on all wards with the roster system only showing where staff are allocated originally not where they have been moved to. However, data reporting was variable with data missing over several days on 5 of the 7 wards at PPH.

To illustrate that PPH staffing was safe across the hospital, a random date of 16th December was selected from the month and the CHPPD figures compared. On this date:

	CHPPD required to achieve optimal staffing	Actual CHPPD available
Bluebell	10.02	6.70
Daisy	11.04	9.8
Rose	13.46	13.6
Snowdrop	13.44	13.4
Sorrel	20.32	28.56
Orchid	9.43	12.55
Rowan	15.21	19.98
Total	99.46	104.59

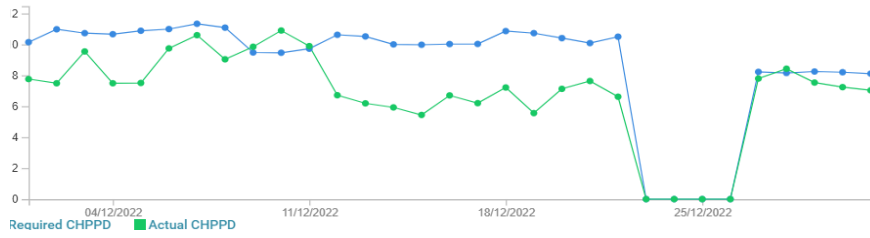
*Whilst recognising that the tool may not have totally reflected some of the 2:1 staffing required for specific patients at the time. The data demonstrates that staffing across the hospital was sufficient for the patient acuity and dependency on that day.

The percentage of RN shifts covered on the acute wards by bank staff on each ward varied from 5.72% to 10.06% and the non-qualified shifts covered by bank staff varied from 34.20% to 54.90% of all shifts during the month. Sorrel Ward had 8.27% of RN shifts (9.30% in November) and 49.63% of non-qualified shifts (42.17% in November) covered by bank staff. Rowan Ward had 6.35% of RN shifts and 47.29% of non-qualified shifts covered by bank staff. There were 13.36% of non-qualified shifts covered by agency. Orchid Ward had 7.81% of RN shifts and 54.9% of non-qualified shifts covered by bank staff. There were 6.82% of non-qualified shifts covered by agency.

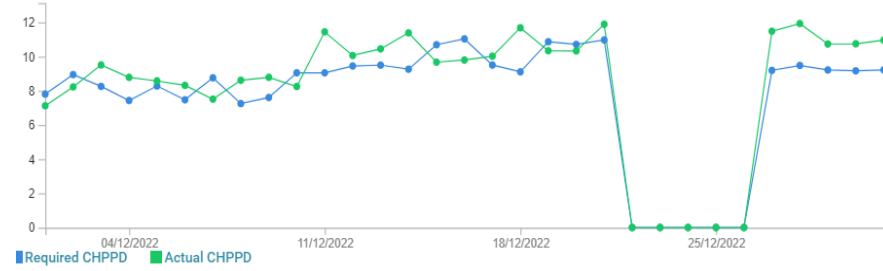
Many of the bank shifts are worked by staff who also have a permanent contract in the trust or who work with the hospital regularly. Both RN and non-qualified shifts needed to be covered by agency and this accounted for a small proportion of shifts (RN 2.94% on Rose ward to 5.61% on Snowdrop ward). Non-qualified agency usage ranged from 1.3 % on Daisy ward to 13.36% on Rowan ward).

Sickness absence has been very variable across the wards for December. Bluebell ward experienced significant sickness absence at 12.35% as did Orchid Ward at 15.2%, whilst Rose ward was 11.21%, Daisy ward 5.96, Snowdrop ward 7.21%, Rowan 6.19% and Sorrel 8.56%.

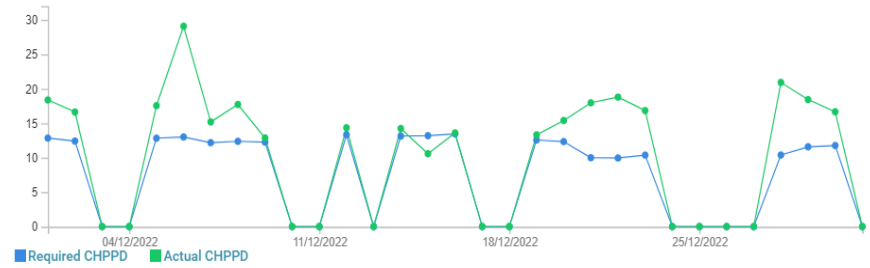
Bluebell Ward



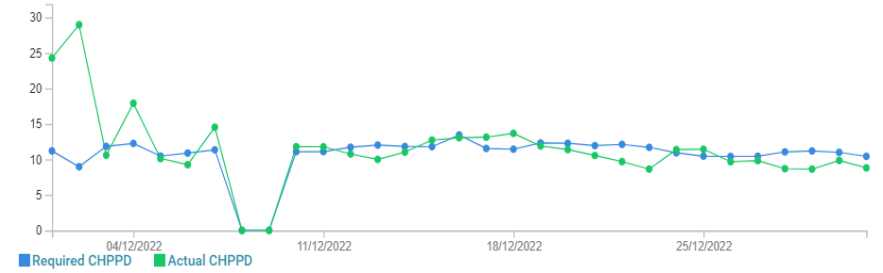
Daisy Ward



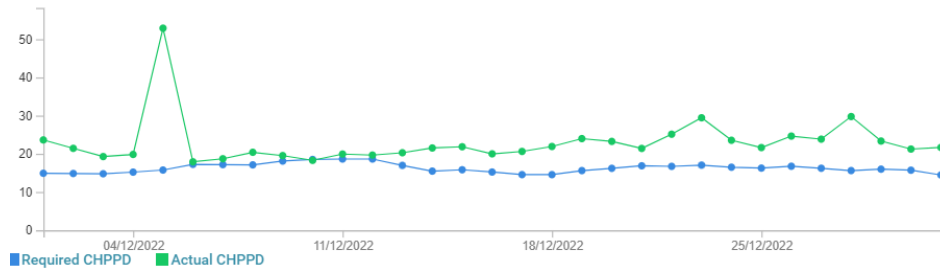
Rose Ward



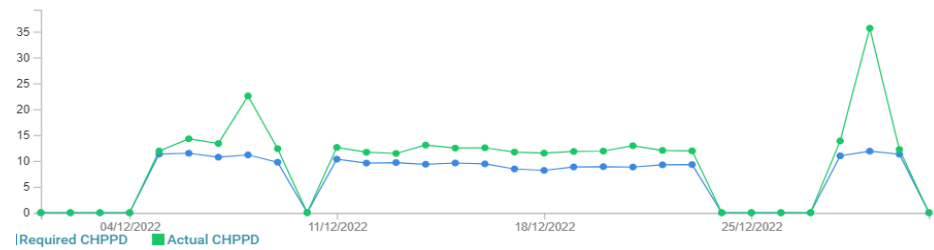
Snowdrop Ward



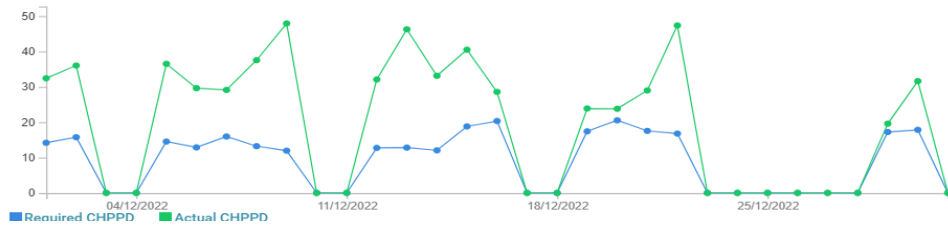
Rowan Ward



Orchid Ward



Sorrel Ward



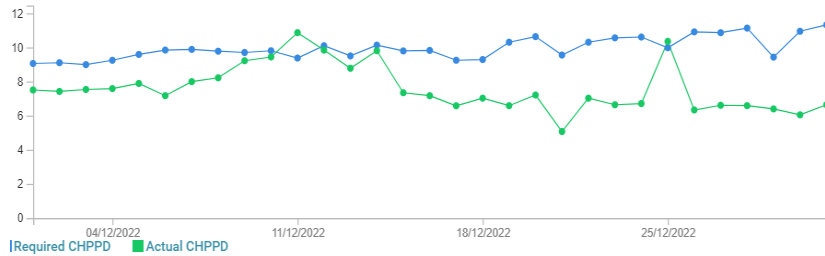
West Community Health Service Wards.

Across all of 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 managers and also therapy staff who were on the ward to provide care and support to the patients.

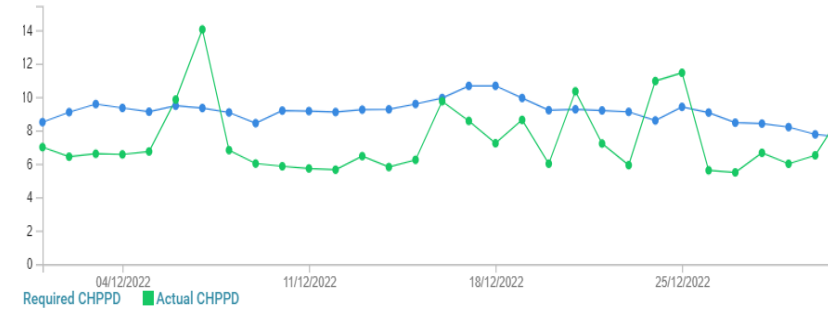
On Oakwood Unit 6.04% of RN staff on shift were bank staff (3.99% in November) and 22.4% of non-qualified staff (22.06% in November) were bank staff. There were no shifts filled by agency. On the West Berkshire Community Hospital wards 7.4% of rostered RN staff were bank staff (8.38% in November) and 14.04% of non-qualified shifts (17.15% in November) were covered by bank staff. 0 RN shifts were covered by agency staff but 5.44% were covered by non-qualified agency staff. On Wokingham wards 10.34% of qualified nursing shifts (8.06% in November) and 13.51% of unqualified shifts (14.25% in November) were filled by bank staff. In addition, no shifts were covered by agency.

Sickness data taken from Health Roster for December showed that average sickness absence on Oakwood was 7.44%, for WBCH this was 9.75% and for Wokingham unit this was 9.13%.

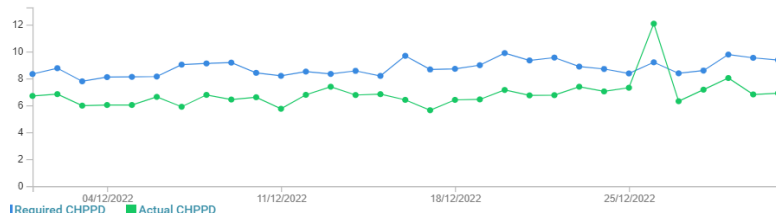
Oakwood Unit:



Wokingham Wards:



West Berkshire Community Hospital:

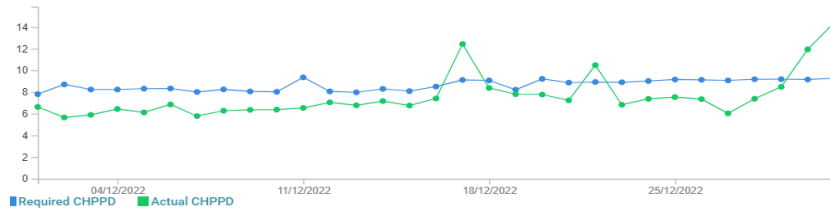


East Community Health Service Wards

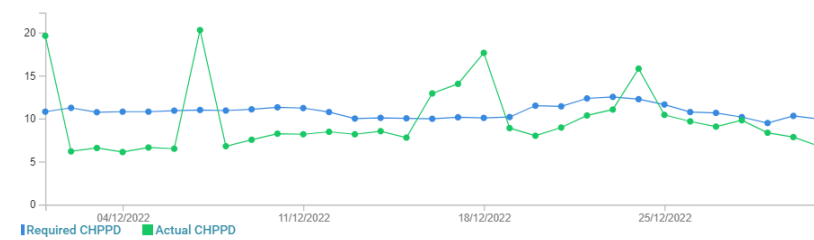
The East wards staffing to patient ratios appear to be sufficient for the acuity of patients on the ward. In addition, like the west community wards, there are therapists and therapy assistants working on the wards who support the nursing staff but are not captured in the Safecare figures. Henry Tudor had 15.44% of RN shifts (10.36% in November) and 16.51% of non-qualified shifts (11.68% in November) covered by bank staff and on Jubilee ward 7.84% of RN shifts (8.05% in November) and 15.42% of non-qualified shifts (16.49% in November) were covered by bank staff. There were 0 shifts covered by agency on either ward.

Sickness in December on Henry Tudor ward was 9.4% and for Jubilee ward it was 5.47%.

Henry Tudor Ward:



Jubilee Ward:



Campion Unit

There were 2 shifts with less than two registered nurses. The number of temporary staffing shifts requested for Campion unit was 462; 139 of these were for registered nurses (30.09%). A total of 29 (6.28%) of all temporary staff requests were unfilled. There were 6 unfilled requests for a registered nurse (20.69%).

Community Nursing

A National tool devised by Keith Hurst has just been launched by NHSE to examine caseload dependency scores. Workshops have been delivered to representatives from community nursing teams and the training presentation is expected shortly so that local roll out can commence. 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.

Debbie Fulton

Director of Nursing and Therapies

08/1/2023