

## Safe staffing report July 2023

The following report provides a summary staffing position across the wards for June 2023 in line with national reporting requirements.

### Executive Summary

There were 3 reported staffing issues from Datix, and all were of low impact with no harm reported as a consequence, this is compared to 7 reported in April. 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 as a result of staffing levels.

The total number of temporary staff requests decreased during June to 5251 compared to 5563 in May. 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 Champion 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 June was 80 an increase from May at 69 and decrease from April at 129. 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 June, there was no restriction to admissions activity in bays or whole wards across the Trust as a result of Covid.

## Temporary Staffing

	Total number temporary staffing shifts requested	Number for temporary shifts requested to fill registered staff gap	Total temporary shifts unfilled
PPH	3632 (4093 May)	573 (583 May)	493 (13.57%)
West community Wards	890 (728 May)	352 (150 May)	173 (19.44%)
East Community Wards	266 (223 May)	89 (55 May)	14 (5.26%)
Campion	463 (519 May)	137 (114 May)	9 (1.94%)

As part of the international nursing recruitment pilot the East and West CHS wards are to employ most of the international recruits. As of June 2023, there have been 13 nurses recruited to the community wards. The number of international nurse recruits at PPH remains at 8 and is unchanged.

## Average Bed occupancy across the month

	Average occupancy current reporting month (comparison to last month)	
PPH Acute adult	96.5% (95.82%) [R]	
PPH Older adult	91.1% (94.1%) [A]	
West community Wards	84.4% (81.2%) [G]	
East community wards	90.4% (81.95%) [A]	
Campion	93.7% (90.15%) [A]	
<b>Occupancy 90% and below</b> [G]	<b>Occupancy 90-95%</b> [A]	<b>Occupancy 95% and above</b> [R]

## Risks identified

- Number of current registered nurse vacancies across Prospect Park
- 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.

As stated earlier in this report there has been a change in how the staffing budgets are used by Managers. Managers and Finance now work under a Control Total whereby Managers are encouraged to be more creative with their budgets in order to meet the service's staffing needs more effectively. This has had an affect on the data reporting this month and shows a substantial increased vacancy rate for non qualified staff at PPH because of the change. This is reflected in the total vacancy figures for all the wards at PPH in the staffing overview table.

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	12.81	82.50	108.00	0.00	0.00	90.00	125.00	0.00	0.00	97.0	640	2.1	6.3	0.0	0.0	8.4	21	6	0	0	[A]
Daisy	39.95	14.68	100.00	131.32	0.00	0.00	98.37	145.83	0.00	0.00	96.8	581	2.6	8.3	0.0	0.0	11.0	1	1	0	0	[A]
Rose	44.15	17.58	94.17	128.93	0.00	0.00	96.67	163.33	0.00	0.00	96.7	638	2.3	7.5	0.0	0.0	9.9	4	2	0	0	[A]
Snowdrop	38.31	18.97	97.50	148.16	0.00	0.00	96.32	176.16	0.00	0.00	95.5	630	2.4	8.8	0.0	0.0	11.2	9	3	0	0	[A]
Orchid	41.80	11.49	90.00	177.00	0.00	0.00	96.67	195.83	0.00	0.00	91.5	549	2.6	11.9	0.0	0.0	14.5	15	5	0	0	[A]
Rowan	42.60	15.92	101.67	244.00	0.00	0.00	91.67	294.11	0.00	0.00	90.7	544	2.8	17.1	0.0	0.0	19.8	3	5	2	0	[A]
Sorrel	37.00	14.12	100.83	137.33	0.00	0.00	100.00	147.50	0.00	0.00	99.4	328	4.7	15.2	0.0	0.0	20.0	1	0	0	0	[A]
Campion	37.11	3	213.60	250.97	72.00	0.00	220.83	167.50	100.00	0.00	93.7	253	8.6	26.4	0.7	0.0	35.7	0	0	0	0	[G]
Donnington	63.46	5	101.67	107.36	0.00	52.67	101.67	97.46	0.00	0.00	83.3	750	2.6	4.0	0.0	0.2	6.9	0	0	0	0	[A]
Highclere			99.27	92.86	98.67	0.00	98.33	96.67	0.00	0.00	83.6	376	3.5	5.4	0.4	0.0	9.4	0	1	0	0	[A]
Oakwood	46.67	5.14	100.00	104.00	0.00	0.00	100.00	125.00	0.00	0.00	93.6	702	2.8	4.4	0.0	0.0	7.2	0	0	1	0	[A]
Ascot	61.31	0	99.94	89.96	0.00	0.00	98.33	166.67	0.00	0.00	75.7	401	3.9	4.4	0.0	0.0	8.3	1	1	0	0	[A]
Windsor			140.83	122.89	0.00	0.00	98.33	203.33	0.00	0.00	87.3	690	2.8	3.4	0.0	0.0	6.2	0	1	0	0	[A]
Henry Tudor	32.80	7	116.43	81.14	0.00	0.00	156.90	121.24	0.00	0.00	90.6	652	3.2	3.4	0.0	0.0	6.6	0	0	0	0	[G]
Jubilee	30.23	4.4	88.94	93.53	0.00	0.00	100.00	140.00	0.00	0.00	90.2	568	2.6	4.7	0.0	0.0	7.2	0	0	0	0	[G]

## Appendix 1

### Prospect Park

Across the acute wards a total of 253 (16.28%) shifts were unfilled by bank or agency, for Sorrel a total of 12 (3.36%) shifts were unfilled by bank or agency and across the Older adult wards a total of 230 (13.36%) 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 June, 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 6 of the 7 wards at PPH. To illustrate that PPH staffing was safe across the hospital, a random date of 14th June was selected from the month and the CHPPD figures compared. On this date:

	CHPPD required to achieve optimal staffing	Actual CHPPD available
Bluebell	9.68	8.26
Daisy	9.32	8.64
Rose	11.65	8.56
Snowdrop	11.25	16.02
Sorrel	11.65	43.84
Orchid	11.05	13.88
Rowan	18.77	21.33
<b>Total</b>	<b>83.37</b>	<b>120.53</b>

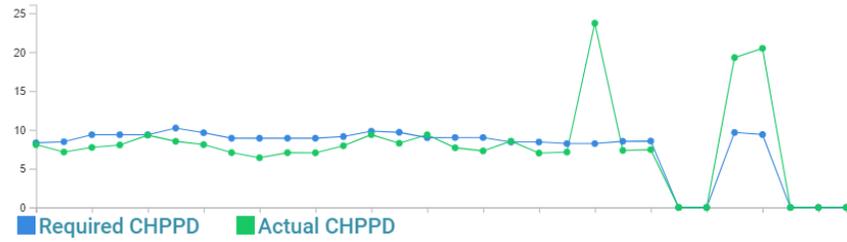
\*Whilst recognising that the tool may not have totally reflected some of the 2:1 staffing required for specific patients at the time. The data demonstrates that staffing across the hospital was sufficient for the patient acuity and dependency on that day.

The percentage of RN shifts covered on the acute wards by bank staff on each ward varied from 7.01% to 10.93% and the non-qualified shifts covered by bank staff varied from 37.39% to 51.53% of all shifts during the month. Sorrel Ward had 8.89% of RN shifts and 49.34% of non-qualified shifts covered by bank staff. Rowan Ward had 3.90% of RN shifts and 53.98% of non-qualified shifts covered by bank staff. There were 12.26% of non-qualified shifts covered by agency. Orchid Ward had 7.34% of RN shifts and 47.61% of non-qualified shifts covered by bank staff. There were 5.11% 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. Qualified agency usage for the acute wards only required on Snowdrop ward at 4.19%. Non-qualified agency usage ranged from 2.95 % on Snowdrop ward to 12.26% on Rowan ward.

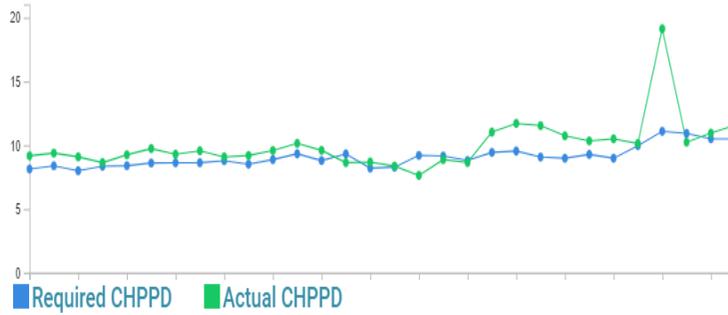
Sickness absence has been very variable across the wards for June. Bluebell Ward had significant sickness at 15.21%. Orchid ward was 8.45%, Snowdrop ward was 6.32%, Sorrell ward 7.23%, Rowan ward 3.09% and Rose ward 3.66%,and Daisy ward 4.85%.

### Bluebell Ward:

Required vs Actual CHPPD

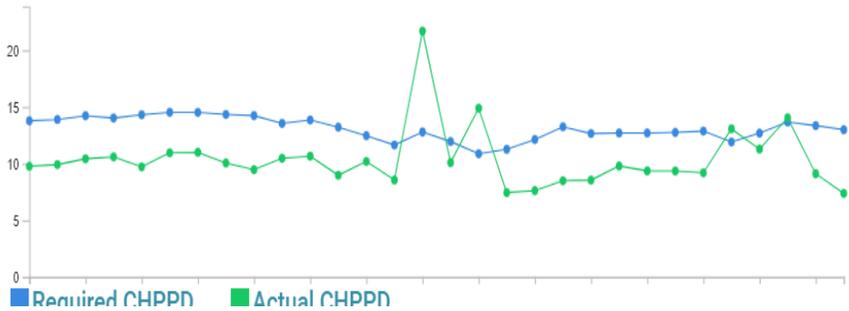


### Daisy Ward:

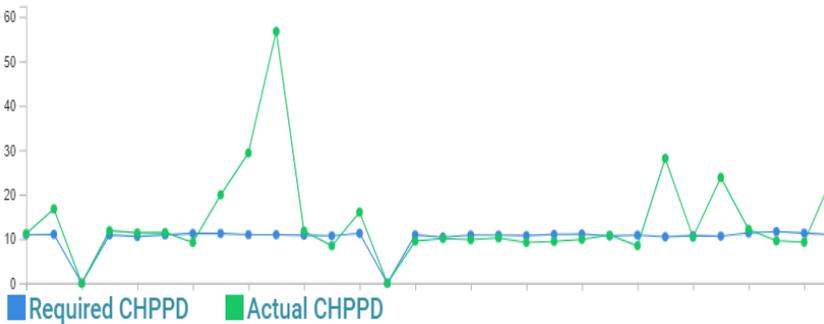


### Rose Ward:

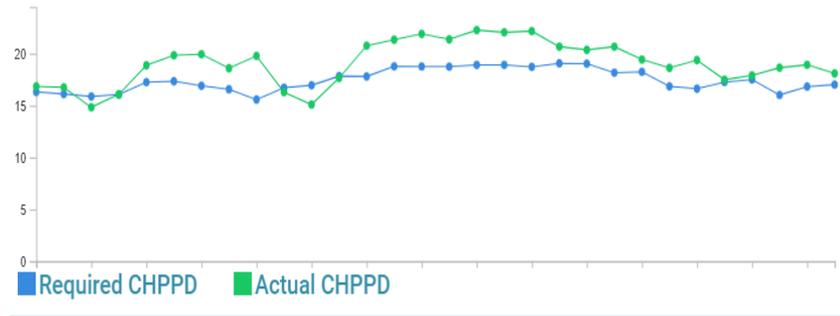
Required vs Actual CHPPD



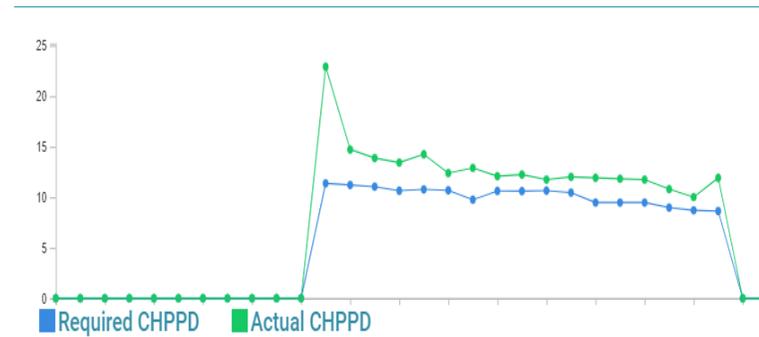
### Snowdrop Ward:



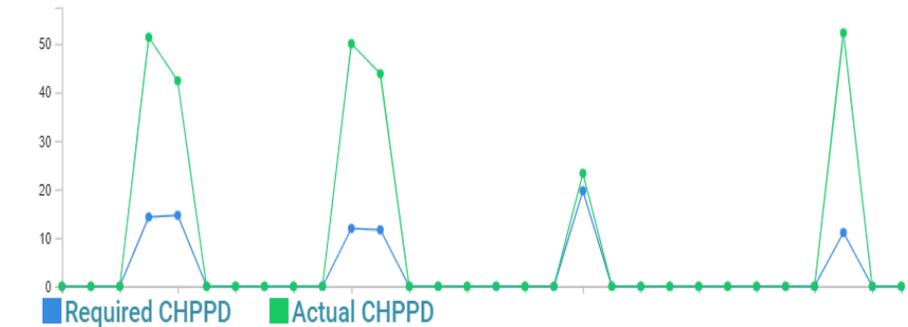
**Rowan Ward:**



**Orchid Ward:**



**Sorrel Ward:**

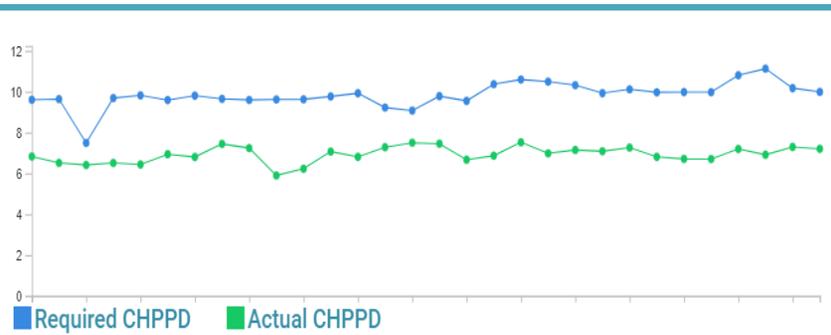


**West Community Health Service Wards**

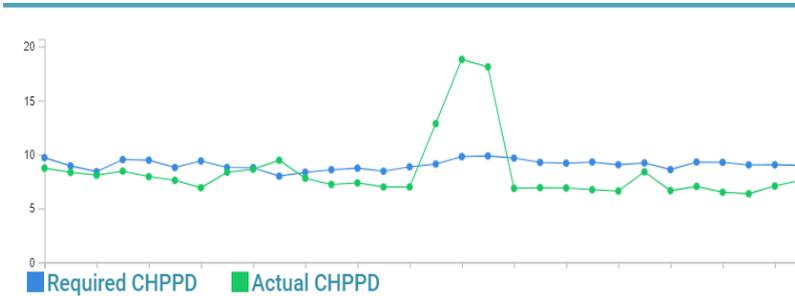
Across all of the wards the safer care tool is indicating that the staffing was suboptimal for the acuity of patients, however, there are staff not counted within this including ward managers and therapy staff who were on the ward to provide care and support to the patients.

On Oakwood Unit 3.41% of RN staff on shift were bank staff (1.79% in May) and 16.9% of non-qualified staff (20.69% in May) were bank staff. There were no shifts filled by agency. On the West Berkshire Community Hospital wards 5.33% of rostered RN staff were bank staff (4.46% in May) and 16.49% of non-qualified shifts (18.11% in May) were covered by bank staff. No RN shifts were covered by agency staff but 7.67% were covered by non-qualified agency staff. On Wokingham wards 6.60% of qualified nursing shifts (8.49% in May) and 16.14% of unqualified shifts (14.42% in May) were filled by bank staff. No shifts were covered by agency staff. Sickness data taken from Health Roster for June showed that average sickness absence on Oakwood was 3.45%, for WBCH this was 4.31% and for Wokingham unit this was 8.34%.

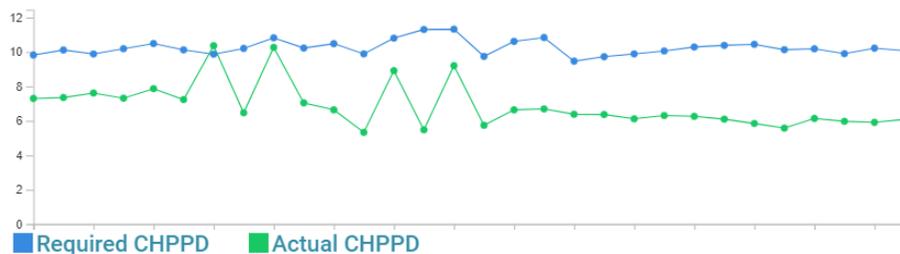
### Oakwood Unit:



### Wokingham Wards:



### West Berkshire Community Hospital:

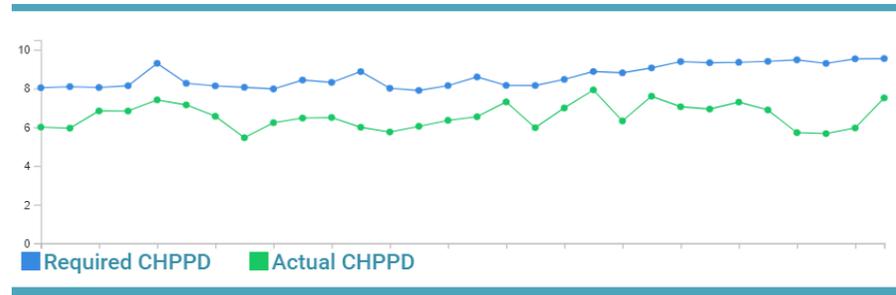


### East Community Health Service Wards

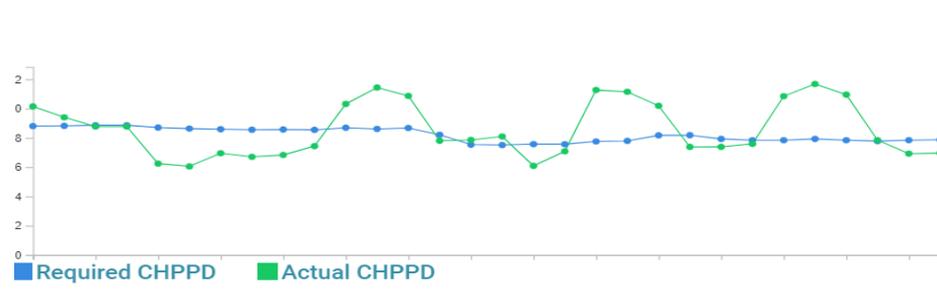
The East wards staffing to patient ratios appear to be sufficient for the acuity of patients on the ward. In addition, like the west community wards, there are therapists and therapy assistants working on the wards who support the nursing staff but are not captured in the Safecare figures. Henry Tudor had 7.76% of RN shifts (9.95% in May) and 24.56% of non-qualified shifts ( 24.97% in May) covered by bank staff and on Jubilee ward 2.79% of RN shifts (5.53 in May) and 21.85% of non qualified shifts( 10.43% in May) were covered by bank staff. There were 1.12% of non qualified shifts covered by agency on Henry Tudor ward.

Sickness in May on Henry Tudor ward was 9.01% and for Jubilee ward it was 5.95%.

### 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 463; 137 of these were for registered nurses (29.59%). A total of 9 (1.94%) of all temporary staff requests were unfilled. There were 0 unfilled requests for a registered nurses.

### Community Nursing

A National tool devised by Keith Hurst has been launched by NHSE to examine caseload dependency scores. Workshops have been delivered to representatives from community nursing teams and the training presentation is currently being delivered to District Nursing staff in two localities within the trust. Roll out was delayed nationally for three months due to pressures on community services. 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 pilot/test of the CNSST tool with two localities was completed in June and results will soon be collated. The CNSST will be rolled out to the remaining localities later this year.

Debbie Fulton

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06/07/2023