

## Safe Staffing report July 2023

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

### Summary Position.

There were 4 reported staffing issues from Datix, and all were of low impact compared to 3 reported in June. 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 July to 5137 compared to 5251 in June. 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 July was 112 an increase from June at 80 and from May at 69. 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 July, there was no restriction to admissions activity in bays or whole wards across the Trust as a result of Covid.

### 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 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.

	Total number temporary staffing shifts requested	Number for temporary shifts requested to fill registered staff gap	Total temporary shifts unfilled
PPH	3661 (3632 June)	551 (573 June)	205 (5.60%)
West community Wards	723 ( 890 June)	196 (352 June)	73 (10.10%)

East Community Wards	281 ( 266 June)	62 (89 June)	25 (8.9%)
Campion	472 (463 June)	93 (137 June)	29 (6.14%)

#### Average Bed occupancy across the month

	Average occupancy current reporting month ( comparison to last month)	
PPH Acute adult	96.95% (96.5%)	
PPH Older adult	87% (91.1%)	
West community Wards	73.96% (84.4%)	
East community wards	89.95% (90.4%)	
Campion	88.5% (93.7%)	
Occupancy 90% and below	Occupancy 90-95%	Occupancy 95% and above

#### Risks identified.

- Number of current registered nurse 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.

There has been a change in how the staffing budgets are used by Managers. Managers and Finance now work under a control total. This has had an effect on the data reporting and shows a slight variance in staffing numbers for both qualified and non-qualified staff at PPH because of the change. In addition, figures are now provided by finance where previously they were provided by Human Resources. This is reflected in the whole-time equivalent (WTE) numbers for all the wards at PPH in the staffing overview table. The change in the available unregistered workforce is linked to the change in recruitment process where the Trust is employing non-registered staff via NHSP and then onboarding them after a period of time.

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:

(No rag rating is included this month, due to revision in baseline figures).

	Registered nurses (wte)	Vacancy (wte)	Total available registered nurses (wte)	Unregistered nurses (wte)	Vacancy (wte)	Total available unregistered nurses (wte)
<b>PPH</b>	92.4	36.11 (39.08%)	56.29 (60.92%)	200.69	79.98 (39.85%) Minus 7.4wte in the CSW development programme	120.71 (60.15%) Plus 7.4wte in the CSW development programme
<b>Campion</b>	10	1 (10%)	9 (90%)	24	3 (12.5%)	21 (87.5%)

West CHS wards	62.85	1.57 (2.49%)	61.28 (97.51%)	78.88	11.34 (14.37%)	67.54 (85.63%)
East CHS wards	21.29	4 (18.29%)	17.29 (81.22%)	33.01	5.6 (16.96%)	27.41 (83.04%)
Total CHS wards	84.14	5.57 (6.61%)	78.57 (93.39%)	111.89	16.94 (15.13%)	94.95 (84.87%)
Total all wards	186.54	42.68 (%)	143.86 (%)	336.58	99.92 (%)	(236.66%)

Safe staffing overview. Data Table 1:

Overall RAG rating for the table is indicated as:

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
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July 2023	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	15.3	78.23	130.32	0.00	0.00	91.94	154.84	0.00	0.00	93.8	640	2.1	8.0	0.0	0.0	10.1	27	5	0	0	
Daisy	39.95	16.65	99.19	136.75	0.00	0.00	98.39	163.71	0.00	0.00	99.5	617	2.6	8.7	0.0	0.0	11.2	1	1	0	0	
Rose	44.15	16.34	79.03	124.42	0.00	0.00	93.55	116.13	0.00	0.00	95.6	652	2.1	6.5	0.0	0.0	8.6	26	4	1	1	
Snowdrop	38.31	23.27	95.97	138.39	0.00	0.00	96.77	152.42	0.00	0.00	98.8	674	2.3	7.8	0.0	0.0	10.1	12	2	0	0	
Orchid	41.80	9.66	91.94	168.09	0.00	0.00	109.68	191.93	0.00	0.00	83.2	516	3.1	12.5	0.0	0.0	15.6	13	1	1	0	
Rowan	42.60	15.19	100.00	235.81	0.00	0.00	96.77	276.61	0.00	0.00	90.8	564	2.8	16.3	0.0	0.0	19.1	2	2	0	0	
Sorrel	37.00	19.68	100.00	132.90	0.00	0.00	96.77	153.23	0.00	0.00	89.7	306	5.1	16.8	0.0	0.0	21.9	3	2	1	0	
Campion	37.11	4	204.04	277.69	29.00	0.00	224.92	175.81	100.00	0.00	88.5	247	8.5	30.4	0.6	0.0	39.5	0	0	0	0	

Donnington	63.46	6.10	97.31	109.26	0.00	47.17	100.00	97.58	0.00	0.00	72.4	669	3.0	4.7	0.0	0.2	7.9	0	0	0	0	
Highclere			104.29	91.24	67.67	0.00	96.77	90.32	0.00	0.00	72.0	337	4.2	6.1	0.3	0.0	10.6	2	2	0	0	
Oakwood	46.67	6.81	101.61	98.06	0.00	0.00	100.00	109.68	0.00	0.00	76.6	588	3.5	5.0	0.0	0.0	8.5	0	0	0	0	
Ascot	61.31	0	96.67	88.71	0.00	0.00	95.16	100.00	0.00	0.00	68.9	369	4.2	4.3	0.0	0.0	8.5	4	3	0	0	
Windsor			135.48	124.73	0.00	0.00	100.00	203.23	0.00	0.00	79.5	669	2.9	3.6	0.0	0.0	6.5	0	0	1	0	
Henry Tudor	32.80	4.32	113.98	87.50	0.00	0.00	158.74	141.49	0.00	0.00	87.3	627	3.4	4.1	0.0	0.0	7.5	0	0	0	0	
Jubilee	30.23	4.4	87.20	88.92	0.00	0.00	100.00	150.00	0.00	0.00	92.6	603	2.5	4.5	0.0	0.0	7.0	0	0	0	0	

## Appendix 1

### Prospect Park

Across the acute wards a total of 116 (6.34%) shifts were unfilled by bank or agency, for Sorrel a total of 28 (6.14%) shifts were unfilled by bank or agency and across the Older adult wards a total of 61 (4.4%) 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 July, 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, an average was taken from the available monthly data and the CHPPD figures compared.

	CHPPD required to achieve optimal staffing	Actual CHPPD available
Bluebell	8.99	7.82
Daisy	10.53	17.88
Rose	13.45	9.03
Snowdrop	10.85	7.99
Sorrel	19.84	20.41

Orchid	8.90	12.61
Rowan	15.53	16.99
<b>Total</b>	<b>88.09</b>	<b>92.73</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 5.71% to 10.80% and the non-qualified shifts covered by bank staff varied from 40.90% to 53.38% of all shifts during the month. Sorrel Ward had 7.57% of RN shifts and 50.13% of non-qualified shifts covered by bank staff. Rowan Ward had 4.54% of RN shifts and 58.42% of non-qualified shifts covered by bank staff. There were 3.97% of non-qualified shifts covered by agency. Orchid Ward had 7.56% of RN shifts and 48.02% of non-qualified shifts covered by bank staff. There were no 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 was required on Snowdrop ward at 3.59%, Rose ward 1.23%, and Bluebell ward 0.86%. Non-qualified agency usage ranged from 5 % on Bluebell ward to 3.97% on Rowan ward.

Sickness absence has been very variable across the wards for July. Bluebell Ward had significant sickness at 19.14%. Orchid ward was 8.31%, Snowdrop ward was 4.16%, Sorrell ward 5.36%, Rowan ward 2.82%, Rose ward 3.07%, and Daisy ward 3.51%.

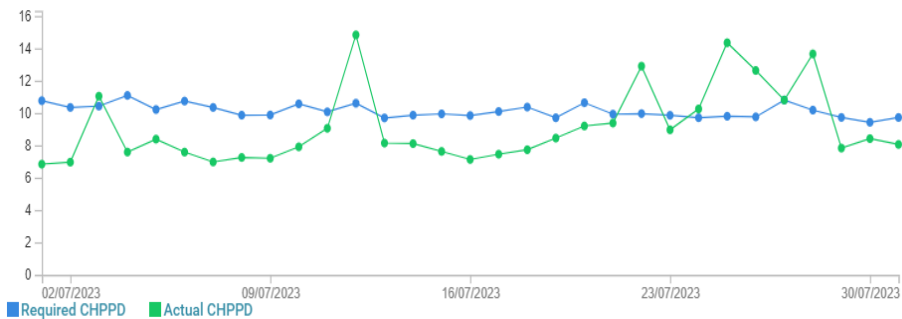
### **West Community Health Service Wards.**

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.

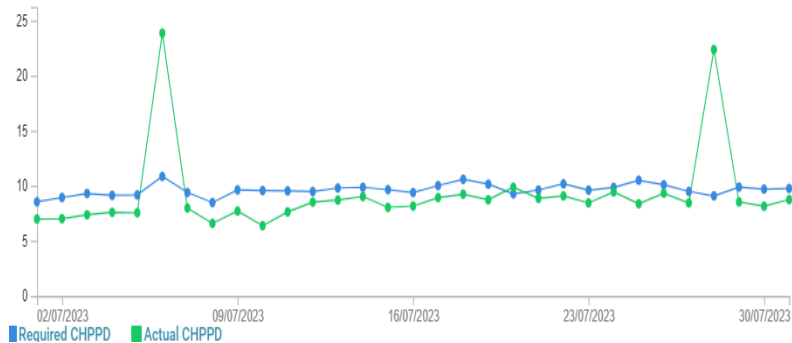
On Oakwood Unit 3.09% of RN staff on shift were bank staff (3.41% in June) and 18.35% of non-qualified staff (16.9% in June) were bank staff. There were no shifts filled by agency. On the West Berkshire Community Hospital wards 6.99% of rostered RN staff were bank staff (5.33% in June) and 16.9% of non-qualified shifts (16.49% in June) were covered by bank staff. There were no RN shifts were covered by agency staff but 4.93% were covered by non-qualified agency staff (7.67% in June). On Wokingham wards 9.44% of qualified nursing shifts (6.60% in June) and 16.47% of unqualified shifts (16.14% in June) were filled by bank staff. No shifts were covered by agency staff.

Sickness data taken from Health Roster for July showed that average sickness absence on Oakwood was 6.45%, for WBCH this was 3.93% and for Wokingham unit this was 6.93%.

Oakwood Unit:

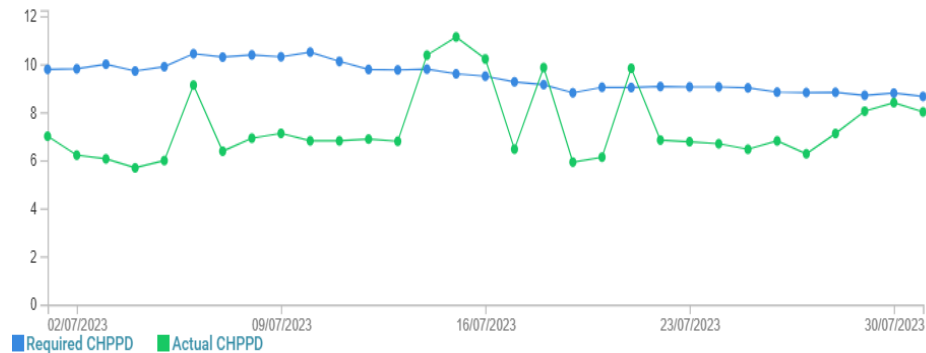


West Berkshire Community Hospital:





### Wokingham Wards:

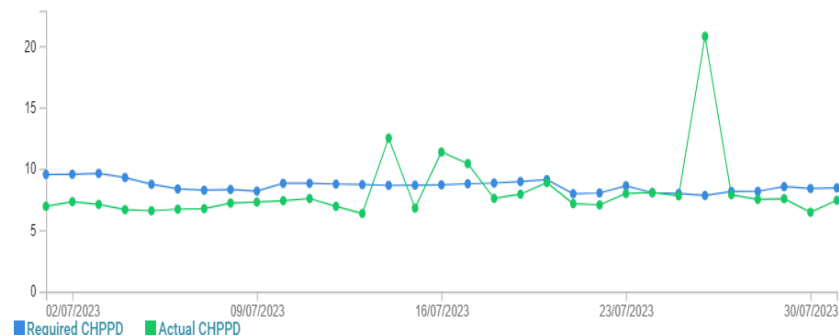


### East Community Health Service Wards.

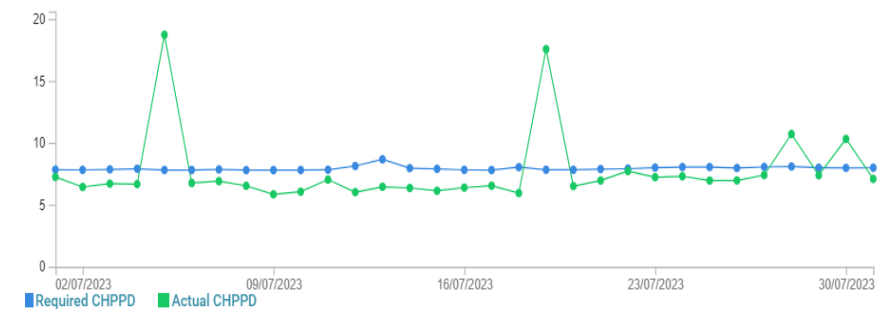
The East wards staffing to patient ratios appear to be sufficient for the acuity of patients on the ward. In addition, like the west community wards, there are therapists and therapy assistants working on the wards who support the nursing staff but are not captured in the Safecare figures. Henry Tudor had 8.56% of RN shifts (7.76% in June) and 24.97% of non-qualified shifts ( 24.56% in June) covered by bank staff and on Jubilee ward 5.37% of RN shifts (2.79 in June) and 21.21% of non qualified shifts( 21.85% in June) were covered by bank staff. There were 0.91% of non qualified shifts covered by agency on Henry Tudor ward (1.12% in June).

Sickness in July on Henry Tudor ward was 6.97% and for Jubilee ward it was 6.93%.

### 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 472; 93 of these were for registered nurses (19.70%). A total of 29 (6.14%) of all temporary staff requests were unfilled. There were 3 (10.34%) 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. 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 and results have been collated and will be included in the next six monthly staffing report. The CNSST will be rolled out to the remaining localities later this year and plans are already underway for this. 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**

**06/08/2023.**

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