

Safe Staffing Report – April 2025

Safe Staffing Declaration


Across the last month, based on available data all the wards have been considered to have been safe and staffed to levels required to meet patient need. There continues to be a reliance on temporary staffing to achieve this position, due primarily to staffing vacancies with the mental health wards being most significantly impacted; and alongside this absence related factors have also contributed to reduced staffing availability. Whilst there is much support available to the wards from senior and specialist staff not factored into staffing rotas as well as therapy staff to achieve the right numbers, the continual reliance on temporary nursing staffing and reduced registered nursing staff on some shifts means that continuity of staffing was not always optimal and patient experience may have been compromised.

Analysis of staffing position

Right staff, right place, and time

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 the local dashboard. For Campion Unit (Learning Disability unit) the agreed staffing levels are two registered nurses during the day and one registered nurse at night.

On shifts with less than two registered nursing staff there were senior clinical staff on the wards (Ward Manager, Matron and for the mental health wards there is also a Clinical Development Lead/Charge Nurse) and therapy staff based on the wards 9-5pm during the week that provided support. Out of Hours there is a senior nurse covering Prospect Park mental health wards as well as on call arrangements covering all wards. These staff are not counted within the safer care tool and need to be factored in when assessing the provision of safe and appropriate care.



At Prospect Park staff were moved across hospital (including APOS staff) to assist wards including where there less than 2 registered staff on duty to support meeting their minimal staffing requirements (shifts with less than 2 registered nursing staff are detailed in dashboard on page 3).

In the Community West wards some of the vacancy is planned to enable use of NHSP which supports flexibility.

There were 3 reported staffing issues from Datix, with no or low harm. Triangulation of complaints, patient feedback and clinical patient safety incident data sets involving medication, falls, pressure ulcers, absent and missing patients, seclusions, prone restraints, self-harm and assaults did not reveal any incidents of moderate harm or above during the month because of staffing levels.

Temporary staffing

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.

	Total number temporary staffing shifts requested	Number of temporary shifts requested to fill registered staff gap	Total temporary shifts unfilled
PPH	3123	541	193
West Community Wards	765	270	80
East Community Wards	296	26	20
Campion	485	136	21



Berkshire Healthcare Local Dashboard

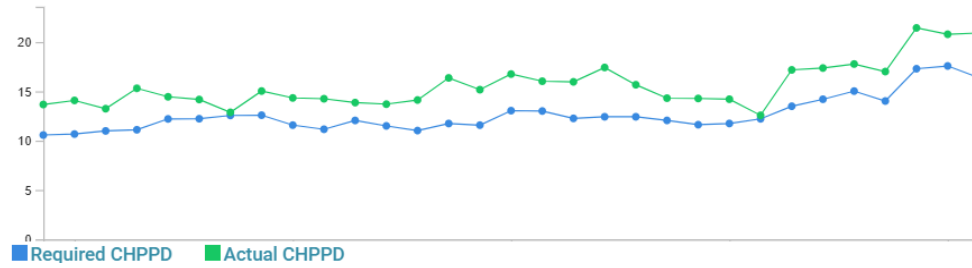
[G] No identified impact on quality and safety of care provided because of staffing issues

[A] 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

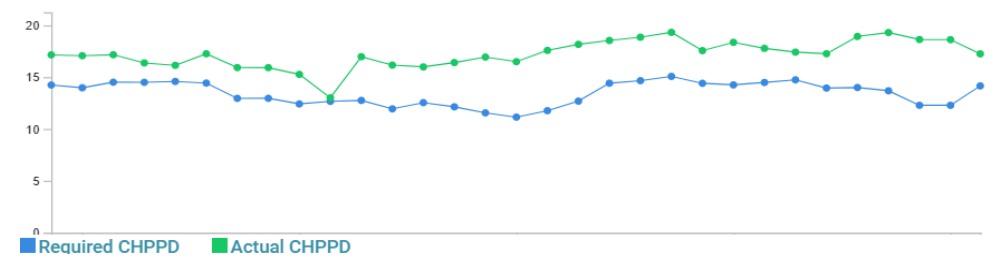
[R] There appears to be a correlation between staffing and specific incidents, safety was compromised

Ward	Budgeted workforce	Vacancy		Sickness % /Mat leave-in brackets		No. of bank /agency used		Total available workforce		No. of shifts with less than 2 RN's	Occupancy	Fill rate analysis (NQB) Actual hours worked divided by planned hours				Overall CHPPD	No. of Incidents reported where moderate harm or above was caused related to staffing	Patient experience feedback		
		RN	HCA	RN	HCA	RN	HCA	RN	HCA			Day Shift		Night Shift				Patient experience scores (out of 5) lwGC	No. of complaints	RAG Rating
		% Fill rate Registered nurses	% Fill rate unregistered nurses (including NAs)	% Fill rate Registered nurses	% Fill rate unregistered nurses (including NAs)															
Bluebell	42.9	3.66	3.66	1.08	2.84	3.90	8.8	11.42	32.96	0	89.0	100.00	117.10	100.00	134.68	11.1	0	4.03	1	[A]
Daisy	42.9	2.26	12.96	0.00 (0.22)	0.56	2.50	14.4	12.28	31.54	3	81.6	107.26	107.10	100.00	126.61	11.5	0	3.70	0	[A]
Rose	42.9	-0.74	5.66	1.51	1.31	2.10	21.9	13.59	45.59	3	94.2	100.00	155.88	100.00	174.19	14.1	0	4.30	0	[A]
Snowdrop	42.9	3.26	2.16	0.09 (0.95)	2.09 (0.23)	5.50	10.9	13.46	37.08	1	94.2	99.19	122.26	100.00	153.23	11.1	0	3.80	0	[A]
Orchid	61.3	3.06	15.46	4.41	2.28 (0.95)	3.50	25.4	8.29	55.77	12	86.8	91.94	237.90	96.77	304.30	11.4	0	3.33	0	[A]
Rowan	61.3	3.26	17.16	1.29	1.51 (0.98)	4.20	30.5	11.91	59.91	0	86.3	100.81	218.69	100.00	242.74	18.6	0	4.43	0	[A]
Sorrel	42.9	6.66	8.66	0.87	1.58	5.60	13.7	10.33	34.12	7	98.2	94.35	117.10	100.00	140.32	18.3	0	4.79	0	[A]
Campion	33	1.80	1.60	0.63	1.20	6.30	22	14.67	41.40	0	89.6	227.42	275.00	190.32	189.52	41.6	0	4.79	0	[G]
Donnington	64.3	2.70	3.00	2.63	0.09	6.30	4.9	27.07	40.01	0	83.1	103.23	110.75	148.39	99.19	8.4	0	4.83	0	[A]
Highclere										4	84.5	99.19	67.74	96.77	101.61	8.3			0	0
Oakwood	41.7	4.90	5.00	1.29	2.04	1.80	8.1	13.41	24.96	0	87.5	100.00	106.49	100.00	150.00	8.0	0	4.57	0	[A]
Ascot	55.8	2.30	0.90	1.27 (1.93)	3.73	6.00	9.4	26.80	34.27	0	78.6	100.00	89.10	100.00	129.33	8.1	0	4.65	0	[A]
Windsor										0	82.6	100.00	86.08	145.16	100.00	7.1			0	4.65
Henry Tudor	41.5	3.70	6.70	0.35	0.61	0.60	8.6	17.45	21.89	0	85.7	147.16	102.44	160.77	171.57	7.4	0	4.71	0	[A]
Jubilee	35.4	4.50	4.80	0.00	1.76	1.10	6.7	11.00	21.14	0	90.7	76.67	89.30	100.00	150.00	9.3	0	4.50	0	[A]

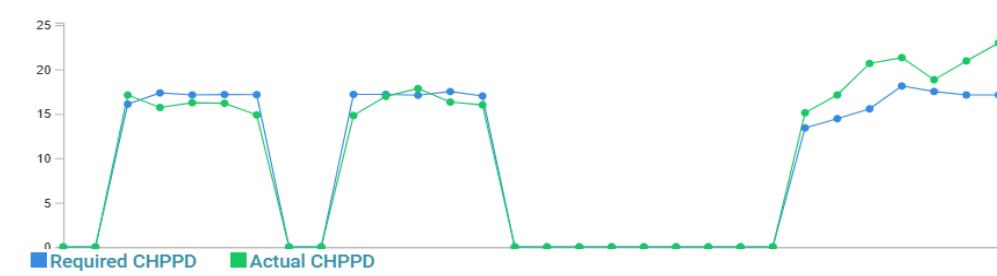
Orchid:



Rowan:



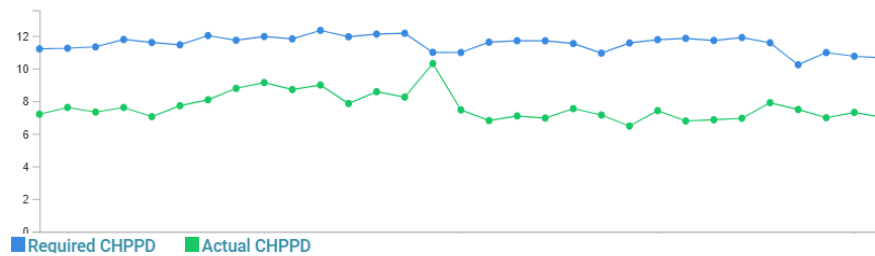
Sorrel:



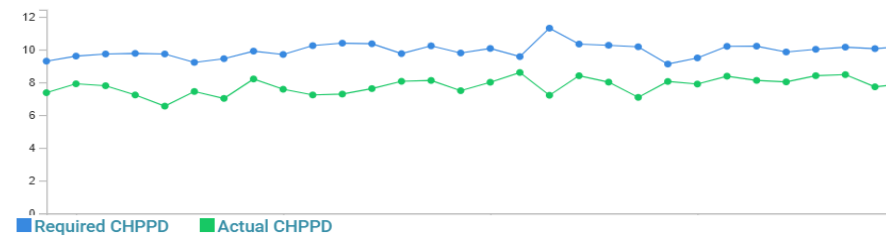
West Community Health Service Wards

All the rehabilitation wards across the Trust have therapy staff (Oakwood 6.18 WTE, Wokingham wards 13.67 WTE and West Berkshire wards 14.21 WTE). Across all the wards the safer care tool is indicating that the staffing was suboptimal for the acuity of patients. All the West wards had high acuity in patients. West Berkshire wards had higher sickness levels amongst qualified staff and Oakwood ward had higher sickness levels amongst both qualified and non-qualified staff resulting in the need for a higher level of temporary staffing. High acuity is part of the reason for the difference between actual and required at West Berkshire, Wokingham, and Oakwood wards. In addition, there are staff vacancies across all the wards. There are staff not counted within Safecare, 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 and utilising the updated version of the Safer Nursing Care Tool to ensure data is accurate.

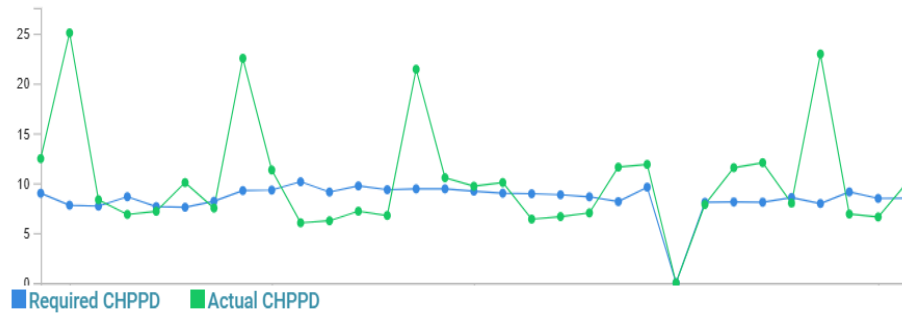
Oakwood Unit:



West Berkshire Community Hospital:



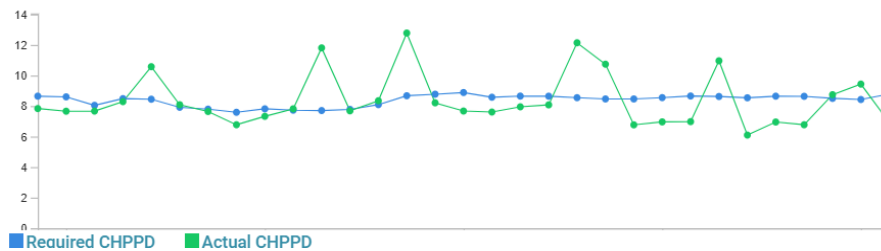
Wokingham Wards



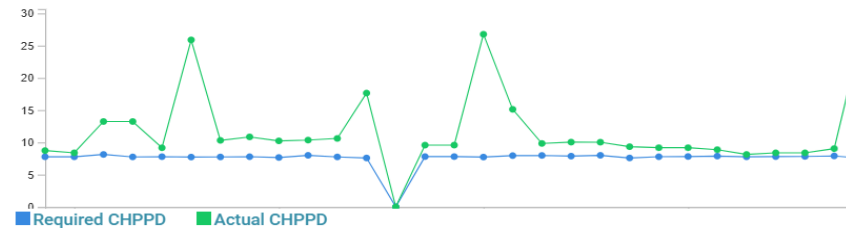
East Community Health Service Wards

The East wards staffing to patient ratios appear to be sufficient for the acuity of patients on the ward for the month. There are spikes in the data on both wards, but this is due to omissions in reporting. 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 Ward:

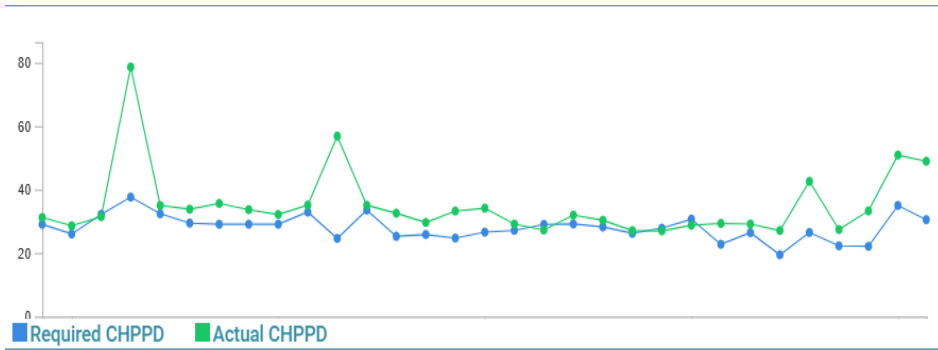


Jubilee Ward:



Campion Unit

Campion unit staffing appears sufficient for the acuity of the patients. As on the other in-patient wards, there are therapists and therapy assistants working on the wards who support the nursing staff but are not captured in the Safecare figures.



Debbie Fulton

Director of Nursing and Therapies 06/04/2025

