

Safe Staffing Report – July 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 the hospital (including APOS staff) to assist wards including where there were 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 the dashboard spreadsheet attached to the report).

In the Community West wards some of the vacancies are planned to enable use of NHSP, which supports flexibility.

There were 5 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 the need of patients, however, overall, there is a visible improvement this month compared to the previous month.

	Total number temporary staffing shifts requested	Number of temporary shifts requested to fill registered staff gap	Total temporary shifts unfilled
PPH	1986	338	17
West Community Wards	453	186	27
East Community Wards	169	28	4
Campion	254	64	3

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
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	Vacancy			ness % leave	No. of bank /agency used		Total available workforce					
Ward	Budgeted workforce	RN	НСА	RN HCA		RN	НСА	RN HCA		No. of shifts with less than 2 RN's	Occupancy (%)	
Bluebell	42.90	5.69	5.62	0.27	3.82	2.00	2.70	8.30	23.92	0	96.3	
Daisy	42.90	2.26	12.94	0.07	0.29	0.70	9.70	10.63	27.13	0	98.5	
Rose	42.90	-0.63	6.66	3.55	3.67 (1.01)	2.20	17.10	11.54	36.42	0	96.3	
Snowdrop	42.90	2.26	1.15	0.07	3.76	2.10	6.50	12.03	32.25	2	95.6	
Orchid	61.30	3.09	15.70	0.15	2.76	2.90	12.00	11.92	42.60	0	81.8	
Rowan	61.30	3.26	18.74	1.72	3.58 (1.01)	2.00	15.80	9.28	41.53	0	74	
Sorrel	42.90	3.62	12.66	0.46	0.07 (0.31)	3.90	15.60	12.08	33.22 0		92.1	
Campion	33.00	-0.20	1.60	0.29	2.23	3.10	10.30	13.81 28.67 0		0	56.7	
Donnington	64.30	1.71	2.57	1.58 (1.99)	1.55 (1.61)	5.10	7.80	27.91	40.27	0	87.2	
Highclere				. ,	. ,					0	88.9	
Oakwood	41.70	4.87	3.83	1.28	0.38	1.40	2.10	13.05	21.79	0	84.2	
Ascot	55.80	1.31	0.27	3.74	1.71	3.00	3.40	22.26	30.92	1	92.3	
Windsor										0	86.6	
Henry Tudor	41.50	4.08	3.75	0.50	0.99	0.80	3.70	17.12	19.56	0	83.5	
Jubilee	35.40	4.48	4.79	0.52 1.56		1.20 4.00		10.60 18.65		0	89	

			D	ay Shift			Night shift								Patient experience feedback		
Ward	% Fill rate Register ed nurses.	Total monthly planned registered nurses	Total monthly actual hours registered nurses	Total monthly planned hours unregistered staff hours	Total monthly actual hours unregister ed staff hours	% Fill rate unregistere d nurses (including N/As)	% Fill rate Registered nurses.	Total monthly planned hours registere d nurses	Total monthly actual hours, registered nurses	Total monthly planned hours unregistere d staff	Total monthly actual hours, unregistered staff	% Fill rate unregistered nurses (including NAs)	Overall CHPPD	No. of Incidents reported where moderate harm or above was caused related to staffing	Patient experience scores (out of 5) IwGC	No. of complaints	RAG Rating
Bluebell	100.00	900	900	2250	2265	100.67	100.00	645	645	1290	1450	112.40	10.1	0	4.64	1	[A]
Daisy	100.00	900	900	2250	2242.5	99.67	100.00	645	645	1290	1612.5	125.00	10.2	0	3.93	0	[A]
Rose	102.17	900	919.5	2100	2640	125.71	86.75	743.5	645	1290	1956.5	151.67	11.8	0	1.63	0	[A]
Snowdrop	103.33	900	930	2250	2752.5	122.33	98.33	645	634.25	1290	1859.75	144.17	12.0	0	4.38	2	[A]
Orchid	98.56	900	887	1800	3592.5	199.58	100.05	645	645.3	967.5	2268.25	234.44	15.7	0	4.15	0	[A]
Rowan	100.00	750	750	2250	3712.5	165.00	101.67	645	655.75	1290	2397.25	185.83	17.3	0	3.99	0	[A]
Sorrel	100.00	900	900	2250	3097.5	137.67	100.00	645	645	1290	2171.5	168.33	22.4	0	4.81	0	[A]
Campion	210.83	750	1747.5	1800	3517.5	195.42	200.00	322.5	645	1290	1644.75	127.50	50.4	0	4.81	0	[G]
Donnington	110.56	1050	1192.5	2025	2227.5	110.00	150.00	600	900	1200	1200	100.00	7.6	0	4.73	0	[A]
Highclere	69.44	1200	787.5	2025	1365	67.41	100.00	600	600	1200	660	55.00	8.9	0	1.10	0	[A]
Oakwood	100.00	1350	1350	2250	2225	98.89	100.00	600	600	600	600	100.00	8.0	0	4.56	0	[A]
Ascot	99.17	900	892.5	1350	1372	101.63	100.00	660	660	330	479	145.15	7.5	0	4.40	0	[A]
Windsor	96.89	1305	1308	1575	1304	82.79	100.00	660	660	660	660	100.00	7.0	0	4.83	0	U J
Henry Tudor	138.72	900	1248.5	1800	1813	100.72	160.47	645	1000.5	645	931.5	149.77	7.2	0	4.83	1	[A]
Jubilee	76.67	900	690	1800	1629.5	90.53	100.00	690	690	690	1035	150.00	9.5	0	4.8	0	[A]

Appendix

Safecare Data for all Berkshire Healthcare Wards May 2025

Prospect Park Hospital

At PPH all the wards have dedicated therapy resources which provide care to patients, there are also matrons and clinical development leads/charge nurses who are not included in the ward numbers or data below. Available data demonstrated that wards were safely staffed during June with available staffing matching patient need. However, data input for some of the wards was not optimal especially at the end of the month.





Orchid:

Rowan:







West Community Health Service Wards

The use of the updated version of the Safer Nursing Care Tool data was commenced on 12th May. Due to functionality issues with its application to Safecare the CHPPD cannot currently be obtained for reporting. Work is being undertaken to address this.

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 data indicates that the staffing was suboptimal for the acuity of patients on occasion. All the West wards had high acuity in patients. Wokingham wards had higher levels of sickness amongst qualified staff resulting in the need for a higher level of temporary staffing. High acuity is part of the reason for the difference between the 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.

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. 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 Health Roster figures.

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.



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