

# Safe Staffing Report – September 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 was 1 reported staffing issue 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 on Campion ward and the East CHS wards.

	Total number temporary staffing shifts requested	Number of temporary shifts requested to fill registered staff gap	Total temporary shifts unfilled
PPH	2614	508	66
West Community Wards	603	238	58
East Community Wards	227	59	22
Campion	170	61	2



## 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

		Vacancy		Sickness % /Mat leave-in brackets		No. of bank /agency used		Total available workforce			
Ward	Budgeted workforce	RN	HCA	RN	HCA	RN	HCA	RN	HCA	No. of shifts with less than 2 RN's	Occupancy
Bluebell	42.92	5.26	5.62	0.07	3.13	5.20	11.70	12.13	33.61	6	96.6
Daisy	42.92	3.26	13.14	0 (0.61)	0.57	2.80	14.10	11.19	31.05	4	98.4
Rose	42.92	-0.63	9.84	3.27	1.92 (0.90)	2.30	18.80	11.92	36.80	4	98.0
Snowdrop	42.92	2.26	2.15	2.16	0.66	3.40	10.30	11.24	38.15	2	97.9
Orchid	61.32	2.09	18.70	0.66	5.71 (0.95)	4.20	18.40	13.71	42.10	3	91.3
Rowan	61.32	3.26	17.74	0.00	1.09 (1.36)	2.80	18.70	11.80	47.57	0	57.4
Sorrel	42.92	2.62	14.66	0.21	0.61	3.00	18.80	12.43	34.19	0	94.1
Campion	33.00	-0.20	1.60	0.40	2.79	3.10	6.70	13.70	24.51	0	69.4
Donnington	64.30	1.11	2.57	1.91 (1.04)	0.98 (2.35)	5.10	6.40	22.04	38.70	0	83.3
Highclere										0	80.3
Oakwood	41.70	4.87	4.03	1.57	0.21	2.40	4.50	13.76	24.16	0	84.6
Ascot	55.80	2.31	4.27	3.04 (1.87)	3.15	4.50	6.10	23.58	28.18	3	64.2
Windsor										0	91.2
Henry Tudor	41.50	3.09	2.91	1.25	1.54	2.30	3.80	18.86	19.95	0	79.9
Jubilee	35.40	4.48	5.09	1.97	0.21	1.70	4.70	9.65	20.40	0	83.3

Fill rate analysis (NQB)														Patient experience feedback			
Day Shift						Night Shift											
Ward	% Fill rate Registered nurses	Total monthly planned registered nurses	Total monthly actual hours registered nurses	Total monthly planned hours unregistered staff hours	Total monthly actual hours unregistered staff hours	% Fill rate unregistered nurses (including N/As)	% Fill rate Registered nurses	Total monthly planned hours registered nurses	Total monthly actual hours, registered nurses	Total monthly planned hours unregistered 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) lwGC	No. of complaints	RAG Rating
Bluebell	95.16	930	885	2325	2535	109.03	100.00	666.5	666.5	1333	2085.5	156.45	11.5	0	4.69	0	[A]
Daisy	97.58	930	907.5	2325	2482.5	106.77	98.39	666.5	655.75	1333	1988.75	149.19	11.0	0	4.84	0	[A]
Rose	95.16	930	885	2170	2775	127.88	87.12	765	666.5	1333	2375.75	178.23	12.2	0	4.84	1	[A]
Snowdrop	100.81	930	937.5	2325	2985	128.39	100.00	666.5	666.5	1333	2236	167.74	12.5	0	4.33	0	[A]
Orchid	97.58	930	907.5	1860	3735	200.81	100.00	666.5	666.5	999.75	2666	266.67	17.6	0	4.67	0	[A]
Rowan	100.00	780	780	2325	3825	164.52	100.00	666.5	666.5	1333	2709	203.23	22.8	0	4.67	0	[A]
Sorrel	100.00	930	930	2325	3060	131.61	100.00	666.5	666.5	1333	2515.5	188.71	22.3	0	4.84	1	[A]
Campion	205.65	780	1762.5	1860	3090	166.13	196.77	333.25	655.75	1333	1419	106.45	38.0	0	4.84	0	[G]
Donnington	98.39	1095	1072.5	2092.5	2482.5	118.64	150.00	620	930	1240	1260	101.61	8.1	0	5.00	0	[A]
Highclere	66.67	1245	780	2092.5	1132.5	54.12	100.00	620	620	1240	620	50.00	8.9	0		0	[A]
Oakwood	100.00	1395	1395	2325	2407.5	103.55	100.00	620	620	620	930	150.00	8.4	0	4.84	1	[A]
Ascot	97.58	930	907.5	1395	1220	87.46	95.38	682	650.5	341	392	114.96	9.8	0	4.84	2	[A]
Windsor	86.24	1395	1203	1627.5	1237.5	76.04	100.00	682	682	682	671	98.39	6.2	0	4.84	1	
Henry Tudor	141.02	930	1311.5	1860	1877	100.91	158.74	666.5	1023.5	666.5	1035	160.47	7.5	0	4.84	1	[G]
Jubilee	77.04	930	716.5	1860	1645.5	88.47	100.00	713	713	713	1069.5	150.00	10.9	0	4.86	0	[G]

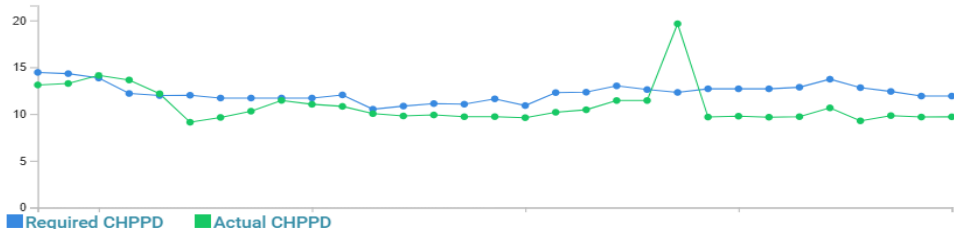
# Appendix

## Safecare Data for all Berkshire Healthcare Wards August 2025

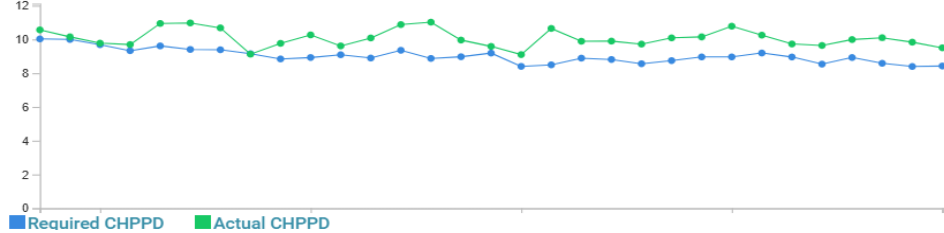
### Safecare Data for all Berkshire Healthcare Wards August 2025.

Prospect Park Hospital. 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 the wards were safely staffed during August with available staffing matching patient need. However, data input for some of the wards was not optimal, especially on Rose ward, Orchid ward and Sorrel ward.

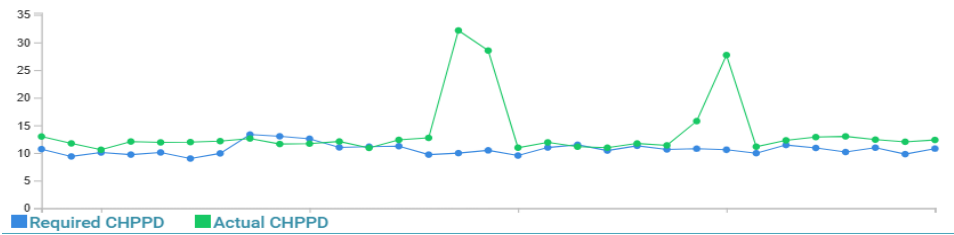
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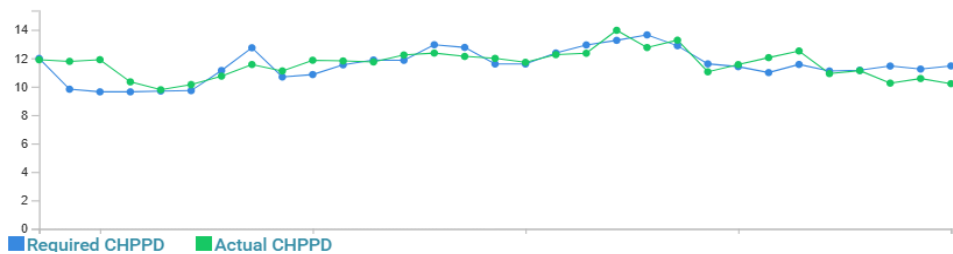
Daisy:



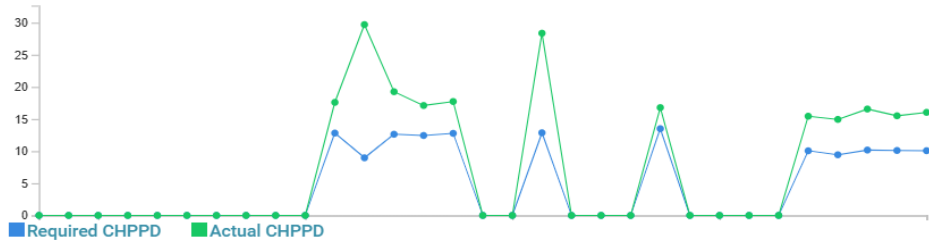
Rose:



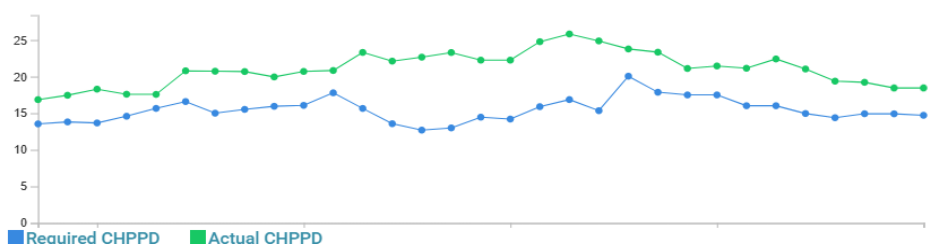
Snowdrop:



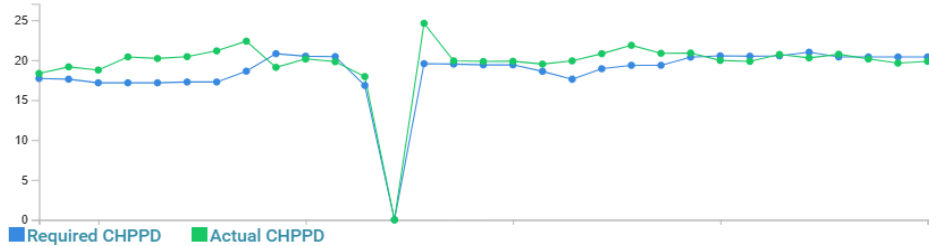
Orchid:



Rowan:



Sorrel:



## West Community Health Service Wards

The use of the updated version of the Safer Nursing Care Tool data 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, and it should be available within the next few months.

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. Oakwood ward had high levels of sickness amongst qualified staff and Wokingham wards had higher levels of sickness 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 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.

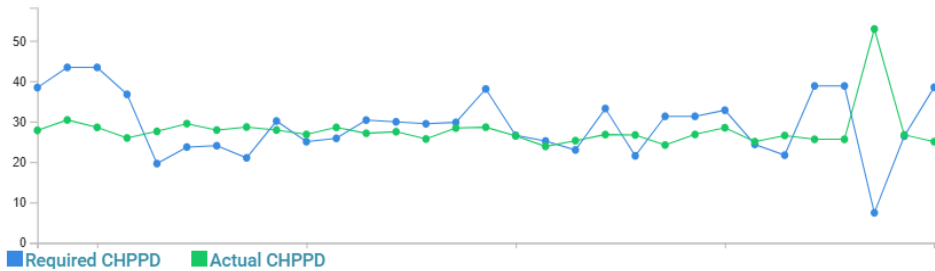
## East Community Health Service Wards

The East wards staffing to patient ratios appear to be sufficient for the acuity of patients on the ward for the month but there were high levels of sickness amongst qualified staff on Jubilee 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 Health Roster figures.



Campion Unit

Campion unit staffing appears sufficient for the acuity of the patients, but some data is not optimal. 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 7/9/2025

