

Internet Report - Safe staffing April 2018

The information displayed on NHS Choices shows the average percentage of shifts filled per ward by registered nursing and care staff for day and night shifts during April. The percentage shown is derived by calculating the number of staff actually on the shift compared with the number of staff that were planned to be on shift. The Trust has agreed that staffing is safe on a ward when they have at 90% of shifts filled because wards can cope with one less member of staff on a shift providing this does not happen too often.

In assessing whether the wards were staffed safely the following information was considered and whether there was any correlation to reduced staffing levels:

Mental Health and Learning Disability Inpatient Wards

- Actual versus planned staffing levels
- Numbers and types of incidents on each ward every 24 hours
- Number of times prone restraint used on each ward every 24 hours
- Number of patients who abscond or fail to return from leave at the agreed time
- Number of patients found on floor on each ward every 24 hours
- Number of patient on patient assaults on each ward every 24 hours

Community Health Inpatient Rehabilitation Wards

- Actual versus planned staffing levels
- Pressure ulcers developed whilst in the care of our staff declared
- Number of patients found on floor on each ward every 24 hours
- Numbers and types of incidents on each ward every 24 hours

All wards have other professionals working with patients during the day including doctors and allied health professionals such as occupational therapists and physiotherapists. All of these staff along with the nurses provides care to patients on our wards.

The staffing numbers for each ward have been agreed with the Trust Board, ward staff and managers by using nationally recognised workforce tools that take in to account the number of beds on a ward and the amount of care that the patients on the ward need. Some wards have been given extra money to recruit more staff.

Table 2 below displays the total monthly planned staff hours versus actual staff hours (percentage fill) along with the care hours per patient day (CHPPD). This information is split by day shift/night shift and by registered nurses/unregistered care staff. Parameters against which staffing levels are RAG rated within Berkshire Healthcare are below 90% and above 110% (There are no national parameters). Supporting information alongside each inpatient area provides reasons and actions against their RAG rating

Table 2: Total monthly planned staff hours versus actual staff hours (percentage fill)

	% DAY FILL RATE		% NIGHT FILL RATE		Bed Occupancy %	Care Hours Per Patient Day				Reason for any variation	
	RN	HCA	RN	HCA		Month cumulative patient count	RN	HCA	Total		
Bluebell	87.22	123.89	100	106.67	98	648	2.8	4.2	7.0	Increased HCAs to cover shortfall in RNs	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 does cause concern because of the challenge this provides in delivering consistent and good quality care.
Rose	90	128.33	100	175	94.55	624	2.3	4.6	6.9	Increase in HCAs due to level 2 observations	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 does cause concern because of the challenge this provides in delivering consistent and good quality care.
Daisy	86.67	167.78	93.33	201.67	79.27	631	2.2	5.7	7.8	Increase in HCAs due to level 2 observations and 2:1	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 does cause concern because of the challenge this provides in delivering consistent and good quality care.
Snowdrop	99.17	108.89	98.33	125	97.88	646	2.4	3.5	5.9	Increase in night HCAs due to observations	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 does cause concern because of the challenge this provides

												in delivering consistent and good quality care.
Rowan	107.5	106.25	100	143.18	43.50	261	6.2	10.9	17.0	Increase due to observation levels	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 does cause concern because of the challenge this provides in delivering consistent and good quality care.	
Orchid	111.83	105.74	96.67	101.67	72.61	432	3.8	4.8	8.6	Mostly within expected levels	No identified impact on quality and safety of care provided as a result of staffing issues	
Sorrel	87.66	188.89	82.76	319.61	97.88	232	5.6	19.9	25.4	Increase in observations and managing registered staffing shortfalls	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 does cause concern because of the challenge this provides in delivering consistent and good quality care.	
Campion	130	125	100	202.40	91.11	246	6.1	14.5	20.5	Increase due to very complex patients	No identified impact on quality and safety of care provided as a result of staffing issues	
Jubilee	100.33	96.83	100	98.26	85.16	565	2.7	4.2	6.9	Within expected levels, empty beds during the month	No identified impact on quality and safety of care provided as a result of staffing issues	
Henry Tudor	100	85.76	100	128.33	88.73	603	2.6	4.4	7.0	1:1 at nights for half of the month	No identified impact on quality and safety of care provided as a result of staffing issues	
Oakwood	98.33	80.74	98.33	113.33	79.26	568	3.4	4.4	7.7	Lower HCA during the day due to sickness, increase HCAs at night to cover RN sickness. Reduced patient numbers during the month because of sickness.	No identified impact on quality and safety of care provided as a result of staffing issues	
Highclere	108.33	112.38	96.67	111.67	57.70	502	3.1	4.9	8.0	10 suspended beds and increase in HCAs to support RN shortfall	No identified impact on quality and safety of care provided as a result of staffing issues	
Donnington	92.78	103.70	95	102.5	83.56	752	2.4	4.4	6.9	Within expected levels	No identified impact on quality and safety of care provided as a result of staffing issues	
Wokingham	94.81	94.05	97.5	108.89	81.46	1161	2.8	3.5	6.2	Within expected levels	No identified impact on quality and safety of care provided as a result of staffing issues	

Willow House	97.13	105.96	99.27	150	61.11	165	8.9	15.2	24.1	Increase for HCAs at night due to patient acuity	Although there was no direct correlation between staffing and any specific incidents that occurred during the month, the high number of temporary staff required throughout the month does cause concern because of the challenge this provides in delivering consistent and good quality care.
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Helen Mackenzie
Director of Nursing and Governance