

### **Internet Report - Safe staffing September 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 September. 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.



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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**

	% 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	100	118.75	98.33	128.89	108.23%	652	2.4	5.2	7.5	Increase due to high number of 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 provides a challenge with delivering continuity of care and may compromise patient experience.
Rose	92.17	95.07	93.33	125.56	107.58%	648	2.2	4.5	6.7	Difficulty in filling shifts for increased levels of 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 provides a challenge with delivering continuity of care and may compromise patient experience.
Daisy	83.33	95.83	93.33	102.22	105.21%	661	2.0	4.1	6.2	Reduced RNs due to vacancies	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.
Snowdrop	93.33	98.33	100	108.89	106.93%	646	2.3	4.4	6.7	Within expected levels	Although there appears to be no direct correlation between staffing and any specific incidents that occurred during the month, the high number of



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												temporary staff required throughout the month provides a challenge with delivering continuity of care and may compromise patient experience.
Rowan	90.83	100.33	100	113	76.19%	419	3.5	8.0	11.5	Within expected 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 provides a challenge with delivering continuity of care and may compromise patient experience.
Orchid	111.67	87.5	93.3	126.69	97.38%	543	3.0	5.2	8.1	Increase in RNs to support shortfall in HCAs due to vacancies. Extra HCAs at night due to increased levels of 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 provides a challenge with delivering continuity of care and may compromise patient experience.
Sorrel	97.5	142.22	90	182.22	86.19%	237	6.2	18.2	24.4	Increase in HCAs due high levels of 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 provides a challenge with delivering continuity of care and may compromise patient experience.
Campion	172.5	156.67	100	203.67	99.47%	251	7.5	19.2	26.6	Very complex patients requiring high levels of observations.		No identified impact on quality and safety of care provided as a result of staffing issues.
Jubilee	98.44	97.94	100	98.49	91.56%	544	2.8	4.4	7.2	Within expected levels		No identified impact on quality and safety of care provided as a result of staffing issues.
Henry Tudor	100	98.33	100	100	84.13%	561	2.8	4.3	7.1	Within expected levels		No identified impact on quality and safety of care provided as a result of staffing issues.
Oakwood	97.78	89.53	103.33	116.67	88.49%	579	3.4	4.6	8.0	Staff adjusted to need.		No identified impact on quality and safety of care provided as a result of staffing issues.
Highclere	84	84.76	93.33	98.33	51.89%	414	3.2	4.6	7.8	Reduced RNS & HCAs on days due to current vacancies.		No identified impact on quality and safety of care provided as a result of staffing issues.
Donnington	98.89	106.67	100	99.17	91.84%	761	2.5	4.4	6.9	Within expected levels		No identified impact on quality and safety of care provided as a result of staffing issues.



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Wokingham	98.10	83.78	93.26	99.90	55.74%	741	4.3	4.9	9.2	Lower than expected bed occupancy, staff adjusted accordingly.	No identified impact on quality and safety of care provided as a result of staffing issues.
Willow House	83.33	90	93.33	95	38.62%	94	14.1	19.5	33.6	Decrease in RNs on days due to vacancies.	No identified impact on quality and safety of care provided as a result of staffing issues.

e1: Total monthly planned staff hours versus actual staff hours (percentage fill)

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