

Internet Report - Safe staffing October 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 October. 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 1 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 1: 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	100	104.03	98.39	127.96	93.40%	658	2.4	4.9	7.3	Increase in HCA on nights due to high numbers 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.
Rose	107.26	102.45	101.61	134.41	94.87%	668	2.5	4.9	7.4	Increase in HCA on nights due to high numbers 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	84.68	91.53	98.39	94.62	89.21%	682	2.1	3.9	6.0	Reduced RNs on days 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.



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Snowdrop	93.55	93.95	98.39	104.3	94.87%	669	2.3	4.2	6.5	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.
Rowan	99.19	104.84	100	187.89	49.84%	318	5.0	10.1	15.1	High number of level 2 observation throughout the month.	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	133.84	69.76	98.39	98.97	78.13%	482	3.9	4.7	8.7	Increase in RN on days to cover shortfall in HCAs on days.	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	103.23	119.55	99.85	159.13	77.42%	247	6.6	15.4	22.0	Increase in HCA on nights due to high numbers 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	205.65	118.15	100	202.18	89.61%	257	8.7	16.5	25.2	Increase in staff due to very complex and challenging patients	No identified impact on quality and safety of care provided as a result of staffing issues.
Jubilee	100.70	96.96	100	98.99	81.09%	571	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.



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Henry Tudor	103.23	93.95	101.48	122.17	77.28%	1192	1.4	2.1	3.5	Increase in HCAs on nights due to 1:1s throughout the month.	No identified impact on quality and safety of care provided as a result of staffing issues.
Oakwood	95.70	96.41	108.06	101.61	80.78%	618	3.2	4.6	7.8	Within expected levels	No identified impact on quality and safety of care provided as a result of staffing issues.
Highclere	89.52	84.79	96.77	98.39	49.72%	462	3.1	4.3	7.4	Reduced RNs & HCAs on days due to vacancies.	There was one incident where a patient had an un-witnessed fall and sustained a hip fracture, this is currently in the investigation process as staffing was lower than expected on the shift.
Donnington	85.48	113.62	101.61	99.19	84.30%	808	2.3	4.5	6.7	Reduced RNs on days due to vacancies, extra HCAs to cover these shifts.	No identified impact on quality and safety of care provided as a result of staffing issues.
Wokingham	93.5	91.45	95.09	97.75	67.77%	1016	3.2	3.9	7.1	Within expected levels	No identified impact on quality and safety of care provided as a result of staffing issues.
Willow House	82.26	94.44	95.16	100	36.92%	106	13.0	19.3	32.3	Reduced RNs on days due to vacancies.	No identified impact on quality and safety of care provided as a result of staffing issues.

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