

## **Internet Report - Safe staffing December 2016**

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 December. 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). 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 BHFT 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)

Increase/decrease in percentage is showed by the preceding arrow for each percentage rate.

	% DAY FILL RATE		% NIGHT FILL RATE		Bed Occupancy %	Complaints	Mitigation or Actions	Impact on quality of care or safety
	RN	HCA	RN	HCA				
Bluebell	↑ 108.06	↓ 96.77	101.61	↑ 105.38	87.81%	0	Slight increase in RNs to support patients having ECT and attending mental health tribunals	Although no safety issues arose, at times staffing levels did cause some concerns
Rose	↑ 139.52	↓ 87.63	101.61	↓ 120.97	86.51%	0	Increased numbers to support high levels of observations, including 2:1s	Although no safety issues arose, at times staffing levels did cause some concerns
Daisy	↑ 119.35	105.91	100	↓ 108.06	89.17%	0	Slight increase in RNs & HCAs due to required levels of observations	Although no safety issues arose, at times staffing levels did cause some concerns
Snowdrop	↑ 162.10	↓ 130.69	98.42	↑ 158.06	86.36%	0	Increase in HCAs due to increased levels of observations. Increase in RNs for training and completion of new risk assessment for all patients.	Although no safety issues arose, at times staffing levels did cause some concerns
Rowan	↓ 101.61	↓ 170.56	100	↓ 201.80	84.19%	0	Increase in HCAs to support high patient acuity (both physical and mental health needs).	Although no safety issues arose, at times staffing levels did cause some concerns
Orchid	↓ 103.23	↑ 163.98	100	↓ 100	80.48%	0	Increase in RNs to cover ECT treatment and increase in HCAs due to high level of observations.	Although no safety issues arose, at times staffing levels did cause some

									concerns
Sorrel	↑ 101.61	↓ 179.59	100	↑ 282.26	58.06%	0	High patient dependencies resulting in high levels of observations throughout the month.	Although no safety issues arose, at times staffing levels did cause some concerns	
Campion	↑ 145.97	↑ 152.82	↑ 164.52	↑ 230.65	100%	0	Clients' observations have increased to 1:1 throughout the month due to safeguarding and self-harming issues, Little House staff are now part of Campion.	Although no safety issues arose, at times staffing levels did cause some concerns	
Jubilee	98.98	↑ 101.34	98.39	100.04	95.89%	0	Ward have commenced project with the CCGs/Frimley to support winter bed pressures and process more admissions which involves employing HCA twilight shift 4-10pm daily which is included on the safe staffing figures.	None	
Henry Tudor	↑ 108.44	↓ 103.53	↑ 101.61	↑ 120.97	84.14%	0	Challenging month with patients requiring 1:1 nursing due to confusion and high risk of falls. Ward closed (19th-30th ) due to outbreak of norovirus	None	
Oakwood	↓ 83.33	↑ 106.68	↓ 101.61	↑ 104.84	70.62%	0	Recruitment in progress for RNs, ward using senior HCAs to support the ward at present.	None	
Wokingham	81.36	↑ 110.37	91.94	↓ 98.92	78.99%	0	New staff recruited and therefore rotation between day and night shifts has been introduced. Ward manger & matron support working clinically to support staff when needed. Recruitment on going.	None	
Donnington	97.31	↑ 99.64	100	99.19	89.03%	0	Within expected levels	None	
Highclere	101.94	↑ 120.07	100	↑ 122.58	90.66%	0	Increase in HCAs due to 1 patient requiring 1:1 nursing during the month.	None	
BAU	↓ 73.68	↓ 281.94	↑ 100.39	↓ 209.68	84.59%	0	Increase in HCAs due to high dependency of young people during the month	None	

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