

Internet Report - Safe staffing January 2017

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 January. 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	↑ 110.22	↑ 99.46	↓ 100	↑ 108.60	94.98%	0	Slight increase in RNs due to ECT, unsettled ward and preceptees. Increase in HCAs due to unsettled ward.	Although no safety issues arose, at times staffing levels did cause some concerns
Rose	↓ 125	↑ 98.92	↓ 100	↓ 127.38	94.57%	0	Increase in staff to cover 1:1 and 2:1 nursing on the ward.	Although no safety issues arose, at times staffing levels did cause some concerns
Daisy	↓ 113.71	↑ 110.22	↓ 100	↑ 119.35	91.59%	0	Increased observations throughout the month.	Although no safety issues arose, at times staffing levels did cause some concerns
Snowdrop	↓ 140.32	↓ 85.82	↑ 100.04	↓ 129.14	94.94%	0	Increased in HCAs at night due to level 2 observations.	Although no safety issues arose, at times staffing levels did cause some concerns
Rowan	↓ 93.55	↓ 181.85	↓ 100	↑ 206.30	71.45%	0	Increase in HCAs due to high level of observations to meet the acuity needs of the patients.	Although no safety issues arose, at times staffing levels did cause some concerns
Orchid	↑ 104.03	↓ 155.91	↑ 104.84	↑ 179.41	85.00%	0	Increase in HCAs day & night due to very high levels of observations.	Although no safety issues arose, at times staffing levels did cause some

								concerns
Sorrel	↑109.68	↑223.66	↑ 100	↑340.44	60.14%	0	Increase in HCAs due to very high levels of observation during the month	Although no safety issues arose, at times staffing levels did cause some concerns
Campion	↓ 129.25	↓118.23	↓ 132.26	↓ 195.16	100%	0	High dependency patients thorough the month requiring increased observations. Extra HCAs on nights to maintain single sex accommodation	None
Jubilee	98.82	↓ 102.98	98.39	99.10	96.92%	1	These figures include extra funded shifts to support winter bed pressures in assisting admissions from acute hospitals.	None
Henry Tudor	↑112.10	↓ 93.95	↓ 100	↓ 100	91.67%	0		None
Oakwood	↑ 86.56	↓ 99.67	↑ 103.23	↑ 120.97	72.22%	1	1 RN appointed, still recruiting to remaining RN posts	None
Wokingham	81.36	↓ 107.14	↑ 99.19	↑ 101.08	88.99%	0	Escalation beds open from 8 th -25 th January. 1 new RN has started, 1 waiting to start, interviewing for remaining 7 RN posts. Staffing on unit's risk register.	Although no safety issues arose, at times staffing levels did cause some concerns
Donnington	96.77	111.11	100	↑116.94	91.29%	0	Increase in HCAs to cover 1:1 nursing, both days and nights	None
Highclere	↑104.52	↑131.38	↑104.84	↑150.54	95.88%	0	Increase in HCAs to cover 1:1 nursing. Increase in RNs (days & nights) due to new starters	None
BAU	↑ 74.71	↑318.32	101.61	↑ 212.9	89.25%	0	Increase in HCAs due to the acuity of the young people on the unit and also new staff starting who were supernummary.	None

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