

Internet Report - Safe staffing May 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 May. 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 %	Mitigation or Actions	Impact on quality of care or safety
	RN	HCA	RN	HCA			
Bluebell	↓ 100.54	↑ 119.35	↑ 100	↓ 100	91.28%	Extra HCAs to support opening garden between 1pm until 8pm for patient and increased numbers of level 2 observations	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.
Rose	↓ 112.37	115.63	100	↓ 129.03	97.36%	Increase in RNs & HCAs due to high number of level 2 observations.	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.
Daisy	↑ 99.19	↑ 98.92	100	↓ 101.61	81.14%	Within expected levels	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.
Snowdrop	↑ 116.96	89.78	100	↓ 103.23	89.44%	Increase in RNs to cover reduced HCAs numbers and support increased levels of observations	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.
Rowan	↑ 102.42	↓ 111.29	101.61	↓ 119.35	56.45%	Low patients numbers although high dependent patients with both physical and mental health.	No identified impact on quality and safety of care provided as a result of staffing issues
Orchid	↑ 106.45	↓ 104.84	↑ 100	↓ 103.05	85.16%	Within expected levels	No identified impact on quality and safety of care provided

							as a result of staffing issues
Sorrel	↑ 97.58	↑ 224.73	↓ 108.06	↑ 367.70	68.43%	Increase in HCAs due to high level of 1:1 and 2:1 nursing required throughout the month. Broken airlock door on ward that needed manning	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.
Campion	↑ 107.42	↑ 96.48	↓ 109.68	↑ 85.48	100%	Increase in HCAs at night to support same sex accommodation and supporting 1:1 nursing for complex patients	No identified impact on quality and safety of care provided as a result of staffing issues
Jubilee	↓ 100.48	↓ 94.76	100	98.30	80.50%	Within expected levels	No identified impact on quality and safety of care provided as a result of staffing issues
Henry Tudor	↓ 100	↓ 98.79	100	100	91.53%	Within expected levels	No identified impact on quality and safety of care provided as a result of staffing issues
Oakwood	↑ 93.55	↑ 95.75	↓ 98.39	106.45	86.45%	Within expected levels	No identified impact on quality and safety of care provided as a result of staffing issues
Wokingham	↓ 88.89	↑ 106.91	↑ 95.97	↓ 100	73.45%	RNs adjusted accordingly due to reduced patients numbers following ward closure for piped oxygen installation.	No identified impact on quality and safety of care provided as a result of staffing issues
Donnington	↑ 95.70	↓ 106.45	100	↓ 110.48	86.77%	Mostly within expected levels, increase in HCAs to meet needs of 1:1 nursing	No identified impact on quality and safety of care provided as a result of staffing issues
Highclere	↓ 96.77	↓ 107.53	↑ 100	106.52	92.44%	Within expected levels	No identified impact on quality and safety of care provided as a result of staffing issues
Willow House (BAU)	↓ 110.52	↑ 105.63	↓ 96.77	↑ 112.55	62.01%	Towards the end of the month there are a few increases in staff numbers due to an influx of admissions and extra staffing required for safe levels with different observation levels required on the ward for these new patients.	No identified impact on quality and safety of care provided as a result of staffing issues

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