

Internet Report - Safe staffing March 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 March. 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 of staffing on quality of care or safety
	RN	HCA	RN	HCA			
Bluebell	↓ 102.69	↑ 123.12	↓ 98.39	↑ 133.33	92.23%	Ward very busy throughout the month with increased 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	↓ 105.65	↑ 113.98	98.39	↑ 130.65	97.07%	Increased HCAs due to large numbers of level 2 observations.	No identified impact on quality and safety of care provided as a result of staffing issues
Daisy	↓ 101.61	↓ 102.15	↓ 96.77	↓ 101.61	96.00%	Mostly 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	↓ 111.29	↑ 106.99	↓ 98.39	↑ 122.58	94.57%	High levels of observations throughout the month with 2:1 observation levels required for some patients.	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	103.23	↑ 156.51	↑ 101.61	↑ 209.04	51.61%	Complex patients with high level of observation required despite low patient numbers.	No identified impact on quality and safety of care provided as a result of staffing issues
Orchid	↑ 104.84 ↓	↓ 133.33	100	↑ 173.67	80.79%	Very busy month with patients needing increased 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.
Sorrel	104.84	↓ 225.81	↓ 98.39	↓ 319.35	56.68%	Very complex patients requiring 2:1 level of observations at the beginning of the month, high level of level 2 observations throughout the whole month	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	↑ 119.35	↓ 89	↓ 148.39	↓ 109.98	93.55%	Increase at night as a result of the complex needs of two patients in particular	No identified impact on quality and safety of care provided as a result of staffing issues

Jubilee	98.98	104.81	100	99.10	93.55%	These figures include extra funded shifts to support winter bed pressures in assisting admissions from acute hospitals.	No identified impact on quality and safety of care provided as a result of staffing issues
Henry Tudor	↓ 105.97	↑ 102.77	100	100	96.24%		No identified impact on quality and safety of care provided as a result of staffing issues
Oakwood	90.32	96.41	100	104.84	69.61%	Mostly within expected levels.	No identified impact on quality and safety of care provided as a result of staffing issues
Wokingham	↓ 78.48	↓ 108.29	↑ 100	98.92	77.69%	Low RNs due to vacancies, staffing remains on ward risk register.	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.
Donnington	93.55	↓ 111.83	↓ 96.77	↑ 122.58	81.12%	Increase in HCAs due to 1:1 observations although at times this was difficult to cover. Decrease in RNs due to sickness and vacancies.	No identified impact on quality and safety of care provided as a result of staffing issues
Highclere	↑ 100	↓ 108.24	↑ 101.61	↓ 123.66	92.21%	Increase in HCAs due to patients requiring 1:1 observations.	No identified impact on quality and safety of care provided as a result of staffing issues
BAU	↓ 110.13	↑ 93.26	↓ 98.39	↑ 117.74	85.66%	Increase due to level 2 observations.	No identified impact on quality and safety of care provided as a result of staffing issues

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