

## **Internet Report - Safe staffing February 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 February. 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	↓ 107.71	↓ 94.64	100	↓ 102.38	93.12%	0	Mostly within expected levels. Slight increase in staff due to minor on the ward and level 2 observations.	Although no safety issues arose, at times staffing levels did cause some concerns
Rose	↓ 107.14	↑ 99.40	100	↓ 101.74	98.05%	0	Mostly within expected levels, slight increase in RNs on days due level of observations.	Although no safety issues arose, at times staffing levels did cause some concerns
Daisy	↑ 115.18	↑ 111.31	↓ 98.21	↓ 112.79	93.75%	0	Increase in staff due to level 2 observations.	Although no safety issues arose, at times staffing levels did cause some concerns
Snowdrop	↓ 136.61	↓ 84.52	100.04	↓ 105.27	89.45%	0	Increase in RNs on days to cover HCAs and increased level 2 observations.	Although no safety issues arose, at times staffing levels did cause some concerns
Rowan	↑ 103.57	↑ 133.48	100	↓ 187.54	62.14%	0	Increase in HCAs (days & nights) due to increased levels of observation. High patient acuity, both physical and mental health needs.	Although no safety issues arose, at times staffing levels did cause some concerns
Orchid	↓ 100	↑ 157.54	↓ 100	↓ 100	83.21%	0	Increased in HCAs due to complex needs of patients (both physical & mental needs)	Although no safety issues arose, at times staffing levels did cause some concerns

Sorrel	↓ 106.25	↑ 284.52	100	↑ 416.07	49.49%	0	Very challenging month with very complex patients requiring 2:1 and 1:1	Although no safety issues arose, at times staffing levels did cause some concerns
Campion	↓ 91.67	↓ 94.26	↑ 157.14	↓ 171.43	100%	0	Increase in night staff due to acuity of patients and maintaining single sex accommodation.	None
Jubilee	↑ 99.05	↑ 105.33	↑ 100	↑ 98.50	87.18%	0	These figures include extra funded shifts to support winter bed pressures in assisting admissions from acute hospitals.	None
Henry Tudor	↓ 108.39	↑ 96.58	100	100.02	92.11%	0		None
Oakwood	↓ 86.90	↑ 102.42	↓ 100	↓ 105.36	74.98%	0	Mostly within expected levels. 1 RN due to start next month, still recruiting to other RN posts.	None
Wokingham	↓ 79.22	↓ 104.85	↓ 97.32	↓ 98.81	80.34%	0	Low RNs due to vacancies, actively recruiting. Staffing on unit's risk register.	Although no safety issues arose, at times staffing levels did cause some concerns
Donnington	↓ 94.05	↑ 114.68	100	↓ 113.39	91.90%	0	Slight decrease in RNs as shifts unfilled by NHSP, covered with HCAs. Extra HCAs due to 1:1	None
Highclere	↓ 97.14	↑ 136.11	↓ 98.21	↑ 157.14	90.89%	0	Increase in HCAs days & nights due to 2x1:1s throughout the month.	None
BAU	↑ 115.36	↓ 82.25	↓ 100	↓ 107.14	80.95%	0	Slight increase in RNs on days due to patient need and covering HCAs. Increase in HCAs on nights due to level of observations.	None

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