

Internet Report - Safe staffing November 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 November. 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)

	% DAY FILL RATE		% NIGHT FILL RATE		Bed Occupancy %	Reason for any variation	Impact on quality of care or safety
	RN	HCA	RN	HCA			
Bluebell	98.89	157.56	100	156.67	95.30%	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	99.17	156.67	100	205	93.18%	High number of level 2 and 2:1 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	100.83	117.22	98.33	105.04	93.53%	EPMA monitoring on the ward	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	108.33	108.89	100	115	93.48%	Slight increase in night HCAs due to 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.
Rowan	100	130.42	100	157.29	66.67%	Extra HCAs due to increased number of level 2 observations	No identified impact on quality and safety of care provided as a result of staffing issues
Orchid	105	122.22	98.33	103.33	81.50%	Increase in day HCAs due to level 2 observations.	No identified impact on quality and safety of care provided as a result of staffing issues
Sorrel	100.83	146.11	100	191.67	72.76%	High level of observations throughout the 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	117.5	120.42	109.81	198.26	96.67%	Complex patients with 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.
Jubilee	99.89	99.08	103.10	113.49	76.21%	Empty beds, able to absorb 1:1	No identified impact on quality and safety of care provided as a result of staffing issues
Henry Tudor	100	97.92	100	100	81.67%	Within expected levels	No identified impact on quality and safety of care provided as a result of staffing issues
Oakwood	96.67	94.26	103.33	120	60.28%	Mostly within expected levels	No identified impact on quality and safety of care provided as a result of staffing issues
Highclere	88.67	87.22	101.67	97.78	65.34%	10 beds closed due to on-going staffing issues.	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	93.89	104.81	96.67	100.83	80.89%	Mostly within expected levels	There were 2 incidents of falls where staffing levels were not optimal. 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.
Wokingham	93.70	85.95	100	98.89	64.95%	Mostly within expected levels – lower HCAs due to reduced patient numbers	No identified impact on quality and safety of care provided as a result of staffing issues
Willow House	110.87	107.58	100	111.67	67.41%	Mostly within expected levels, slight increase in night HCAs due to increase levels of observations.	No identified impact on quality and safety of care provided as a result of staffing issues

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