

## **Internet Report - Safe staffing January 2018**

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 Increase/decrease in percentage is showed by the preceding arrow for each percentage rate.

	% DAY FILL RATE		% NIGHT FILL RATE		Bed Occupancy %	Reason for any variation	Impact on quality of care or safety
	RN	HCA	RN	HCA			
Bluebell	97.31	125.81	100	121.51	93.99%	Increase in HCAs due to level 2 observations of patients with both mental & physical health care needs	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	98.92	120.97	100	174.19	92.82%	Increased level 2s	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	96.77	106.99	100	109.94	94.00%	Increase 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.
Snowdrop	106.45	101.08	96.73	108.06	92.96%	Within expected levels although increased observation needed for 2:1	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	104.05	119.04	100	177.27	51.94%	Increase in HCAs due to levels of observations	No identified impact on quality and safety of care provided as a result of staffing issues
Orchid	99.95	100.54	100	100	82.97%	Within expected levels	No identified impact on quality and safety of care provided as a result of staffing issues
Sorrel	100	156.99	100	262.90	75.16%	Increase due to level 2 observations and one patient requiring 2:1 for the majority of 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	127.42	118.95	100	207.75	96.77%	Complex patients requiring high level of observations and support	No identified impact on quality and safety of care provided as a result of staffing issues
Jubilee	99.46	92.63	100	98.31	88.42%	Within expected levels	No identified impact on quality and safety of care provided as a result of staffing issues
Henry Tudor	100.54	91.13	96.69	100	89.25%	Within expected levels	No identified impact on quality and safety of care provided as a result of staffing issues
Oakwood	95.70	95.42	103.23	106.45	89.38%	Within expected levels	No identified impact on quality and safety of care provided as a result of staffing issues
Highclere	107.26	105.99	90.32	138.71	60.73%	Mostly within expected levels with reduced bed numbers, extra HCAs at night supported shortfall in RNs	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	88.71	105.02	95.16	111.29	87.63%	Decrease in RNs due to current vacancies	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.
Wokingham	92.11	87.94	98.39	98.92	82.36%	Mostly within expected levels, slight decrease in HCAs	No identified impact on quality and safety of care provided as a result of staffing issues
Willow House	94.52	88.70	95.74	114.97	59.50%	Some challenges with covering RN shifts, patient acuity high although bed occupancy reduced.	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.

**Helen Mackenzie**  
**Director of Nursing and Governance**