

## **Internet Report - Safe staffing March 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 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) along with the care hours per patient day (CHPPD). 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 %	Care Hours Per Patient Day			Reason for any variation	Impact on quality of care or safety	
	RN	HCA	RN	HCA		Month cumulative patient count	RN	HCA			Total
Bluebell	98.39	132.8	100	113.98	95.89%	772	2.6	3.9	6.5	Increase in 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.
Rose	102.42	123.61	98.39	127.31	96.48%	661	2.4	3.9	6.3	Increase in 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	97.58	166.13	100	200	85.90%	700	2.2	5.2	7.5	Increase in HCAs due to level 2 observations and 1 2:1 observation 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.
Snowdrop	95.16	95.70	100	109.86	94.72%	645	2.4	3.2	5.6	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.
Rowan	100	119.35	100	138.63	52.90%	320	5.0	9.8	14.8	Increase due to level 2 observations.	No identified impact on quality and safety of care provided as a result of staffing issues
Orchid	108.06	100.65	100	101.80	90.88%	502	3.3	4.1	7.5	Within expected levels	No identified impact on quality and safety of care provided as a result of staffing issues

Sorrel	95.16	164.52	108.06	212.90	57.10%	246	6.7	13.9	20.5	Increase due to high level of observation ( level 2 & 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.
Campion	133.87	123.39	100	135.38	81.36%	261	6.0	14.0	20.1	Increase due to very complex patients	No identified impact on quality and safety of care provided as a result of staffing issues
Jubilee	100	94.89	100	98.54	89.15%	638	2.5	3.8	6.3	Within expected levels, number of empty beds during the month.	No identified impact on quality and safety of care provided as a result of staffing issues
Henry Tudor	99.19	95.16	100	117.70	86.16%	716	2.2	3.6	5.8	Extra HCAs due to high patient acuity and 1:1	No identified impact on quality and safety of care provided as a result of staffing issues
Oakwood	100.54	91.83	103.23	104.84	91.00%	508	4.0	5.4	9.4	Within expected levels	No identified impact on quality and safety of care provided as a result of staffing issues
Highclere	113.71	108.76	91.94	138.71	59.29%	1602	4.5	7.6	12.1	10 suspended beds and increase in HCAs to support RN shortfall.	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	92.47	101.08	100	100.81	86.88%					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.
Wokingham	92.11	93.78	92.74	97.85	86.64%	1156	2.8	3.5	6.3	Within expected levels	No identified impact on quality and safety of care provided as a result of staffing issues
Willow House	98.71	100.08	108.26	132.58	74.91%	239	6.7	9.8	16.6	Increase in HCAs due to high patient acuity and increased level 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.

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