

Report - Safe staffing November 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 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 1 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 1: 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	
	RN	HCA	RN	HCA		Month cumulative patient count	RN	HCA	Total		
Bluebell	98.33	91.67	98.33	100	99.09%	654	2.3	4.0	6.3	Within expected levels with the assistance of temporary staffing	Although there appears to be no direct correlation between staffing and any specific incidents that occurred during the month, the high number of temporary staff required throughout the month provides a challenge with delivering continuity of care and may compromise patient experience.
Rose	109.56	105	105	127.78	97.42%	642	2.6	4.9	7.5	Increased HCAs at night due to level 2 observations	Although there appears to be no direct correlation between staffing and any specific incidents that occurred during the month, the high number of temporary staff required throughout the month provides a challenge with delivering continuity of care and may compromise patient experience.
Daisy	95.83	97.92	96.67	106.67	96.50%	682	2.2	4.1	6.3	Within expected levels with the assistance of temporary staffing	Although there appears to be no direct correlation between staffing and any specific incidents that occurred during the month, the high number of temporary staff required throughout the month provides a challenge with delivering continuity of care and may compromise patient experience.
Snowdrop	91.67	90.83	98.33	100	98.48%	649	2.2	4.0	6.3	Within expected levels with the assistance of temporary staffing	Although there appears to be no direct correlation between staffing and any specific incidents that occurred during the month, the high number of temporary staff required

											throughout the month provides a challenge with delivering continuity of care and may compromise patient experience.
Rowan	100.83	96.68	98.33	108.37	44.17%	265	5.8	12.2	18.0	Within expected levels with the assistance of temporary staffing	Although there appears to be no direct correlation between staffing and any specific incidents that occurred during the month, the high number of temporary staff required throughout the month provides a challenge with delivering continuity of care and may compromise patient experience.
Orchid	119.17	95.56	98.33	149.46	77.33%	464	3.7	4.9	8.5	Increases due to high levels of observations	Although there appears to be no direct correlation between staffing and any specific incidents that occurred during the month, the high number of temporary staff required throughout the month provides a challenge with delivering continuity of care and may compromise patient experience.
Sorrel	11.67	150.42	100	162.22	73.00%	219	7.5	19.5	27.1	Increases due to high levels of observations.	Although there appears to be no direct correlation between staffing and any specific incidents that occurred during the month, the high number of temporary staff required throughout the month provides a challenge with delivering continuity of care and may compromise patient experience.
Campion	198.33	106.67	100	174.21	81.11%	219	9.6	16.5	26.1	Increases due to very complex and challenging patients	No identified impact on quality and safety of care provided as a result of staffing issues.
Jubilee	99.56	95.97	100	98.95	82.12%	546	3.4	5.2	8.6	Within expected levels	No identified impact on quality and safety of care provided as a result of staffing issues.
Henry Tudor	110.83	93.33	100	125	86.81%	1252	1.3	2.0	3.3	Increases due to higher patient acuity.	No identified impact on quality and safety of care provided as a result of staffing issues.
Oakwood	97.78	92	113.33	93.33	87.91%	633	3.2	4.2	7.3	Increase in RNs on nights due to decrease of HCAs on nights	No identified impact on quality and safety of care provided as a result of staffing issues.
Highclere	135.38	134.29	98.33	185	78.51%	677	2.7	4.8	7.4	Due to refurbishment the 10 closed beds within the unit were transferred to Donnington from Highclere. Staffing	No identified impact on quality and safety of care provided as a result of staffing issues.
Donnington	69.27	75.53	96.67	53.33	53.22%	480	3.1	4.5	7.7		No identified impact on quality and safety of care provided as a result of staffing issues.

										adjusted accordingly.	
Wokingham	79.96	101.60	94.93	96.57	74.68%	1062	2.7	3.9	6.6	Within expected levels	No identified impact on quality and safety of care provided as a result of staffing issues.
Willow House	86.67	103.85	96.67	110	49.63%	134	10.3	16.2	26.5	Decrease in RNs on days due to vacancies.	No identified impact on quality and safety of care provided as a result of staffing issues.

Debbie Fulton
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