

Introduction

In January 2014 the Royal Free London NHS Foundation Trust board considered the Government response to the Mid-Staffordshire NHS Foundation Trust Public Inquiry, *Hard Truths – The Journey to Putting Patients First* and the guidance published by the National Quality Board and the Chief Nursing Officer, *How to ensure the right people with the right skills are in the right place at the right time*. *Hard Truths* sets out the Government's requirement that from April 2014 and by June 2014 at the latest, NHS trusts will publish ward level information on whether they are meeting their staffing requirements and Board's should receive a monthly report concerning the same. Every six months Trust boards will be required to undertake a detailed review of staffing using evidence based tools. The Royal Free Board considered the outcome of the last staffing review at its meeting in November 2014 and the next bi-annual report will be given at the May 2015 Board meeting. This report provides information on planned versus actual nurse staffing for December 2014.

Minimum Staffing levels

There has been much debate about whether there should be defined nurse staffing ratios in the NHS or whether there should be mandated minimum staffing levels. The published guidance from The National Quality board recognises that there is no 'one size fits all' approach to establishing nurse staffing and does not prescribe an approach to doing so, neither does it recommend a minimum staff-to-patient ratio.

The Berwick review made the following statement on staffing levels alongside the recommendation that NICE develop guidance as soon possible based on science and data

'.. we call managers' and senior leaders' attention to existing research on proper staffing, which includes, but is not limited, to conclusions about ratios. For example, recent work suggests that operating a general medical-surgical hospital ward with fewer than one registered nurse per eight patients, plus the nurse in charge, may increase safety risks substantially. This ratio is by no means to be interpreted as an ideal or sufficient standard; indeed, higher acuity doubtless requires more generous staffing. We cite this as only one example of scientifically grounded evidence on staffing that leaders have a duty to understand and consider when they take actions adapted to their local context.'

The Government tasked the National Institute of Health and Care Excellence (NICE) to produce independent and authoritative evidence based guidance on staff staffing which was published in July 2014. The guidance states that *'There is no single nursing staff-to-patient ratio that can be applied across the whole range of wards to safely meet patients' nursing needs. Each ward has to determine its nursing staff requirements to ensure safe patient care.'*

Planned versus actual staffing

The overall trust summary of planned versus actual hours for December was 12% more actual hours used than planned. This is a decrease of 4% from the November figure of 16% more hours. Site specific data is as follows:

- Royal Free hospital 3.5% less actual hours than planned
- Barnet hospital 14% more actual hours than planned
- Chase Farm hospital 26% more actual hours than planned

At Chase Farm hospital the difference between the planned and actual hours is primarily caused by the escalation wards that are open on the site and which do not have an establishment coupled with the number of patients who require 1:1 attention. At Barnet hospital the difference is caused by the dependency and acuity of the patients currently being nursed on the inpatient wards who are requiring 1:1 attention. Generally the 1:1 support is provided by health care assistants where it is appropriate.

The breakdown between registered and health care assistants for December by site was:

Royal Free hospital

- Registered nurses 5% less actual hours than planned
- Health care assistants 2% less actual hours than planned

Barnet hospital

- Registered nurses 2% more actual hours than planned
- Health care assistants 26% more actual hours than planned

Chase Farm hospital

- Registered nurses 6% less actual hours than planned
- Health care assistants 57% more actual hours than planned

Safe staffing

Out of a minimum of 2914 shifts in December there were 13 shifts where the threshold of a 1:8 nurse patient ratio in the day or 1:11 at night potentially might not have been met. 7 of these were for part of the shift only (2 to 4 hours). This represents 0.4% of all shifts. On Adelaide ward there were 2 occasions where for 2 and a half hours there was a nurse patient ratio of 1:8.3 and one full shift with a 1:8.3 ratio. On Napier there were 5 occasions where for periods of between 2 to 4 hours there was a ratio of 1:9 patients. There were 5 shifts on 10 north where the ratio fell below 1:8 and as a consequence staff from other areas were moved to the ward. There were no reported safety incidents on any of these occasions.

Appendix 1 shows the agreed nurse: patient ratio for each ward.

Publication of nursing safer staffing indicators

The chief nurse for England has written to trusts outlining the arrangements for the publication of nursing safer staffing indicators, which will provide an overall RAG rating for Trusts. These indicators will support the patient safety information already published on NHS Choices and provide comparable information for Trusts to use and for patients and service users to enable them to make an informed choice of care provider. It will also be used by the regulatory bodies as part of their Trust assurance process.

The indicators that make up the initial composite measure include:

- Staff sickness rate, taken from the ESR (published by HSCIC);
- The proportion of mandatory training completed, taken from the National staff survey measure;
- Completion of a Performance Development Review (PDR) in the last 12 months, taken from the National staff survey measure;
- Staff views on staffing, taken from the National staff survey measure; and
- Patient views on staffing, taken from the National patient survey measure.

At a London nurse directors meeting it was stated that there may be external queries raised if overall the planned versus actual hours was 80% or below or if there were more than 4 wards that had rates of below 80%.

In December there was one ward that fell slightly below an actual versus planned level of less than 80%, Wellington which had a rate of 78%. The actual levels reflect the amount of surgical activity taking place with the staff numbers being reduced or staff redeployed when activity falls.

Planned versus actual staffing

Appendix 1 shows the planned versus actual for December

Appendix 1: Ward level planned versus actual staffing

Transplantation and Specialist Services December 2014										
Ward	Beds	Registered nurse to patient ratio Day Shift	Planned nursing hours (RN+HCA)	Actual nursing hours (RN+HCA)	Percent of actual vs total planned shifts	Falls	Pressure ulcers	Attributable MRSA Bacteraemia	Attributable Cdiff	FFT Score
9 West	26	1:4	5585	5095	91%	0	0	0	0	89%
10 North	33	1:4.7	5150	4369	85%	0	0	0	0	87%
11 West	22	1:4.8	3823	4277	111%	2	0	0	0	73%
11 South	19	1:3.8	3831	4031	105%	3	0	0	0	100%
11 East	24	1:4.8	4064	4049	99%	2	2	0	0	96%
10 East	24	1:3.4	5193	4575	88%	0	0	0	0	90%
10 South	25	1:6.25	4235	3988	94%	3	0	0	0	100%
5 East B	10	1:5	3838	3474	90%	4	0	0	0	88%
Mulberry	13	1:3	2901	3021	104%	1	1	0	0	89%

Urgent Care December 2014										
Ward	Beds	Registered nurse to patient ratio Day Shift	Planned nursing hours (RN + HCA)	Actual nursing hours (RN + HCA)	Percent of actual vs total planned shifts (RN + HCA)	Falls	Pressure ulcers	Attributable MRSA Bacteraemia	Attributable Cdiff	FFT Score
9 North	32	1:5.3	6792	6462	95%	3	0	0	0	70%
8 West	36	1:5.1	8343	7944	95%	3	1	0	0	88%
8 North	32	1:4	6887	6282	91%	2	1	0	1	86%
10 West	27	1:5	5397	5782	107%	8	0	0	0	94%
8 East	26	1:4.3	5381	5019	93%	2	1	0	0	78%
6 South	28	1:4	6428	5773	90%	4	0	0	0	67%
ITU (RF)	vary	1:1/1:2	26749	25990	97%	0	3	0	0	n/a
Adelaide	25	1:6.25	4437	5605	126%	6	0	0	0	95%
Capetown	36	1:5.1	6652	6977	105%	5	1	0	0	93%
CCU	8	1:2	2278	2332	102%	0	0	0	0	86%
CDU	24	1:4.8	4433	4928	111%	0	3	0	0	87%
ITU (BH)	vary	1:1/1:2	13841	17124	123%	0	0	0	0	n/a
Juniper	24	1:4.8	4325	4467	103%	4	0	0	0	88%
Larch	22	1:5.5	3583	4463	124%	8	2	0	0	50%
Napier	38	1:6.3	4329	7633	176%	2	3	0	0	92%
Olive	22	1:5.5	3410	3685	108%	7	0	0	0	79%
Palm	22	1:5.5	4265	5069	118%	1	0	0	0	93%
Quince	24	1:4.8	4606	5097	110%	1	2	0	0	90%
Rowan	24	1:4.8	4156	4128	99%	2	0	0	0	90%
Spruce	24	1:6	4177	4684	112%	3	0	0	0	78%
Walnut	24	1:6	4310	4991	115%	5	2	0	0	80%

Surgery and Associated Services December 2014

Ward	Beds	Registered nurse to patient ratio Day Shift	Planned nursing hours (RN + HCA)	Actual nursing hours (RN + HCA)	Percent of actual vs total planned shifts (RN + HCA)	Falls	Pressure ulcers	Attributable MRSA Bacteraemia	Attributable Cdiff	FFT Score
7 East A	20	1:5	3505	3289	94%	1	1	0	0	86%
7 East B	13	1:4.3	1774	1577	89%	2	0	0	0	95%
7 West	32	1:4.7	5647	5418	96%	4	2	0	0	91%
7 North	32	1:4.7	4539	4137	91%	4	0	0	0	89%
Beech	24	1:8	3846	4157	108%	3	3	0	0	88%
Canterb'y	25	1:6.25	3583	2853	80%	1	0	0	0	92%
Cedar	24	1:6	3846	4384	113%	5	1	0	0	95%
Damson	24	1:8	3900	4268	109%	4	2	0	0	88%
Wel'gton	39	1:6.5	3984	3129	78%	0	0	0	0	100%

Womens and Childrens December 2014										
Ward	Beds	Registered nurse to patient ratio Day Shift	Planned nursing hours (RN + HCA)	Actual nursing hours (RN + HCA)	Percent of actual vs total planned shifts (RN + HCA)	Falls	Pressure ulcers	Attributable MRSA Bacteraemia	Attributable Cdiff	FFT Score
6 North	20	1:4	5093	4417	87%	0	0	0	0	n/a
5 South	31	1:8	8512	8509	100%	0	0	0	0	n/a
Neonate Galaxy	RFH	vary	2634	2311	88%	0	0	0	0	n/a
Neonate Delivery	BH	vary	7161	6243	87%	0	0	0	0	n/a
Willow	BH	n/a	8835	8558	97%	0	0	0	0	n/a
Victoria	16	1:5.3	3209	3452	107%	1	0	0	0	84%
	48	1:8	7489	6623	88%	0	0	0	0	n/a