

## 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 staffing review at the meeting in May and the next bi-annual report will be given at the November Board meeting. This report provides information on nurse staffing for August.

## 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 October was 13% more actual hours used than planned. This is an increase of 3% from the September figure of 10% more hours. Site specific data is as follows:

- Royal Free hospital                      5% less actual hours than planned
- Barnet hospital                              16% more actual hours than planned

- Chase Farm hospital 28% 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. At Barnet hospital the difference is primarily caused by the dependency and acuity of the patients currently being nursed on the inpatient wards who are requiring 1:1 attention.

The breakdown between registered and health care assistants for October was:

- Registered nurses 2% less actual hours than planned
- Health care assistants 127% more actual hours than planned

### **Safe staffing**

Out of a minimum of 2356 shifts in October there were 10 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. This represents 0.4% of all shifts. 9 of these were on 10 North, however the matron, clinical practice educator and staff from other wards worked on the ward to ensure a safe nurse to patient ratio. The shortfall was caused by a number of factors, short and long term sickness, vacancies' and unfilled temporary staffing requests. There were no patient safety issues reported on any of those shifts. On Napier ward on one shift there were 4 nurses for 35 patients supported by 6 health care assistants. This was for one hour and no patient safety incidents occurred.

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

### **Planned versus actual data**

Appendix 1 shows the planned versus actual staffing data for each ward.

There has been not yet agreed benchmarking for planned versus actual hours or details of the RAG rating to be applied on NHS Choices although this is still the intention of the Government. At a recent 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 October there were no wards that fell below an actual versus planned level of less than 80%.

2 wards at Barnet had a high level of staffing against the planned level. Larch (elderly medicine) had 144% and Cedar (surgery) had 132%. In October Larch had a high number of patients with delirium requiring 1:1 specials, for a number of shifts there were 3 patients who needed this support.

Post BEH Cedar is the designated ward to care for patients with tracheostomies and during October the staffing had to be flexed to care for the number that were on the ward.

**Appendix 1: Ward level planned versus actual staffing**

Transplantation and Specialist Services October 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 Bacteramia	Attributable Cdiff	FFT Score
9 West	26	1:4	5238	4794	91%	0	1	0	0	84%
10 North	33	1:4.7	5329	4739	89%	3	0	0	0	89%
11 West	22	1:4.8	3907	4047	103%	2	0	0	0	82%
11 South	19	1:3.8	3838	3743	97%	4	0	0	0	94%
11 East	24	1:4.8	4048	3984	98%	3	0	0	0	98%
10 East	24	1:3.4	5246	4599	88%	5	0	0	1	88%
10 South	25	1:6.25	4192	4117	98%	1	0	0	0	89%
5 East B	10	1:5	3838	3519	92%	5	0	0	1	91%
Mulberry	13	1:3	2900	2964	102%	1	0	0	0	75%

**Urgent Care October 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 Bacteramia	Attributable Cdiff	FFT Score
9 North	32	1:5.3	6837	6385	93%	3	0	0	0	95%
8 West	36	1:5.1	8310	7897	95%	6	0	0	0	85%
8 North	32	1:4	6837	6739	98%	3	0	0	0	86%
10 West	27	1:5	5418	5408	100%	3	0	0	0	86%
8 East	26	1:4.3	5924	5511	93%	6	0	0	0	83%
6 South	28	1:4	6586	6095	92%	3	0	0	0	82%
ITU (RF)	vary	1:1/1:2	26783	26185	98%	0	6	0	0	na
Adelaide	25	1:6.25	4437	5015	113%	5	1	0	0	94%
Capetown	36	1:5.1	6651	6572	99%	10	1	0	0	90%
CCU	8	1:2	2278	2352	103%	1	0	0	0	100%
CDU	24	1:4.8	4433	5186	116%	0	0	0	0	91%
ITU (BH)	vary	1:1/1:2	13500	15915	117%	0	0	0	0	na
Juniper	24	1:4.8	4324	5016	116%	5	1	0	0	100%
Larch	22	1:5.5	3582	5182	144%	5	1	0	0	80%
Napier	38	1:6.3	4328	7485	172%	4	2	0	0	100%
Olive	22	1:5.5	3410	4416	129%	2	0	0	0	93%
Palm	22	1:5.5	4264	4548	106%	5	0	0	1	73%
Quince	24	1:4.8	4605	5001	108%	6	0	0	1	82%
Rowan	24	1:4.8	4156	3988	96%	2	1	0	0	92%
Spruce	24	1:6	4176	5078.5	121%	5	0	0	1	100%
Walnut	24	1:6	4310	4164	97%	8	1	0	1	64%

Surgery and Associated Services October 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 Bacteramia	Attributable Cdiff	FFT Score
7 East A	20	1:5	3505	3128	89%	1	0	0	0	79%
7 East B	13	1:4.3	2378	2064	87%	3	0	0	0	92%
7 West	32	1:4.7	5531	4812	87%	0	0	0	0	90%
7 North	32	1:4.7	4737	4852	102%	1	0	0	0	89%
Beech	24	1:8	3846	4058	105%	5	2	0	0	87%
Canterb'y	25	1:6.25	3582	3108	87%	1	0	0	0	96%
Cedar	24	1:6	3846	5102	132%	2	1	0	0	79%
Damson	24	1:8	3899	4026	103%	3	0	0	0	88%
Wel'gton	39	1:6.5	3983	3735	94%	1	0	0	0	98%

Womens and Childrens September 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 Bacteramia	Attributable Cdiff	FFT Score
6 North	20	1:4	5118	4490	88%	0	0	0	0	na
5 South	31	1:8	8419	8279	98%	0	0	0	0	na
Neonate	RFH	vary	2805	2322	83%	0	0	0	0	na
Galaxy	30	1:4	5115	4820	94%	2	0	0	0	na
Neonate	BH	vary	7161	6527	91%	0	0	0	0	na
Delivery	BH	n/a	8835	8607	97%	0	0	0	0	na
Willow	16	1:5.3	3208	3534	110%	0	0	0	0	83%
Victoria		1:8	7488	6766	90%	0	0	0	0	na

