

## 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 February 2015.

## 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 February was 10% more actual hours used than planned. This is the same as the January figure.

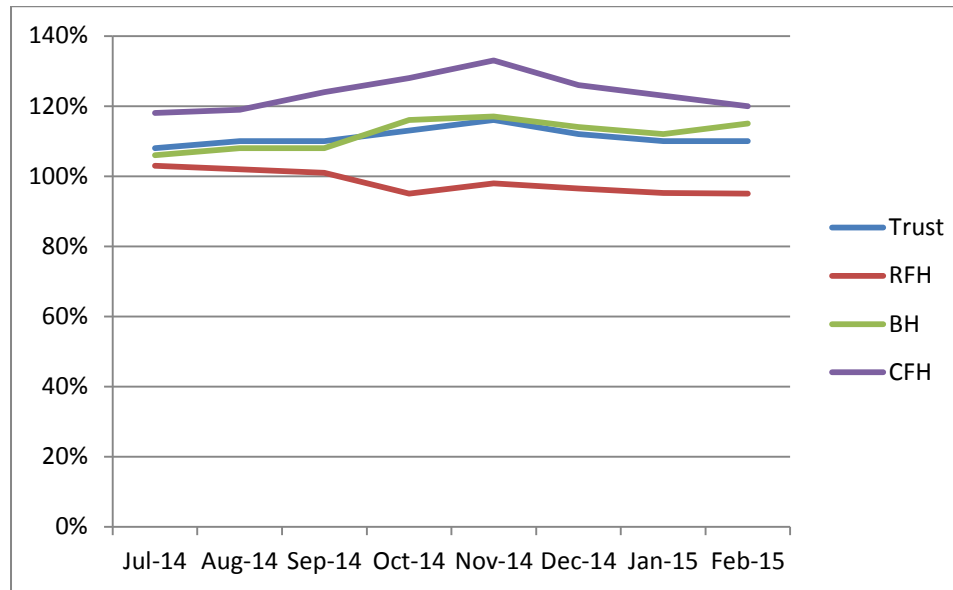
Site specific data is as follows:

- Royal Free Hospital 5% less actual hours than planned
- Barnet Hospital 15% more actual hours than planned
- Chase Farm Hospital 20% more actual hours than planned

The total number of actual hours at each site was:

- Royal Free Hospital 118,535 hours
- Barnet Hospital 96,266 hours
- Chase Farm Hospital 22,532 hours

The chart below shows the actual versus planned by trust and by site from July 2014 to February 2015:



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 February by site was:

Royal Free Hospital

- Registered nurses 6% less actual hours than planned
- Health care assistants 4% less actual hours than planned

Barnet Hospital

- Registered nurses 2% more actual hours than planned
- Health care assistants 27% more actual hours than planned

#### Chase Farm Hospital

- Registered nurses 5% less actual hours than planned
- Health care assistants 44% more actual hours than planned

#### Safe staffing

Out of a minimum of 2632 shifts in February there were 9 shifts reported where the threshold of a 1:8 registered nurse: patient ratio in the day or 1:11 at night were not met and 6 shifts where there was only 1 registered nurse on duty. This represents 0.56% of all shifts. There were no reported patient safety incidents on these occasions. On 10 north there were 3 day shifts where there was a ratio of 1:8.25. Support was provided by the matron and practice educator. On 8 west there was 1 day shift where there was a ratio of 1:9 and one night shift where there was a ratio of 1:12. On 9 north there was 1 day shift with a ratio of 1:10.6.

The orthopaedic wards at the Royal Free Hospital, 7 east A and 7 east B had a number of shifts where the thresholds were not met. 7 east A had 2 night shifts where there was 1 registered nurse supported by health care assistants. Support was provided by neighbouring wards. For 2 day shifts there were 4 hours where there was a nurse: patient ratio of 1:10. The ward was supported by the matron and the clinical nurse specialist. 7 east B had 4 night shifts where there was 1 registered nurse supported by health care assistants (between 9 – 11 patients on the ward). Support was provided by neighbouring wards. The vacancy rate and long term sickness contributed to the 7 east A incidences and long term sickness in a small establishment impacted 7 east B. The division are currently considering recruitment strategies and have moved new staff to the ward. There is also a new experienced orthopaedic matron due to start in the Trust next month who will focus on recruitment and retention.

#### 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%. There were no wards where this occurred in February.

### **Planned versus actual staffing**

Appendix 1 shows the planned versus actual for February and the agreed nurse: patient ratio for each ward

Appendix 1: Ward level planned versus actual staffing

Transplantation and Specialist Services February 2015										
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	5192	4443	85%	3	0	0	0	85%
10 North	33	1:4.7	4971	4460	90%	2	0	0	0	88%
11 West	22	1:4.8	3453	3392	98%	1	0	0	0	86%
11 South	19	1:3.8	3461	3334	96%	2	1	0	0	100%
11 East	24	1:4.8	3654	3649	100%	2	1	0	0	93%
10 East	4445	1:3.4	4837	4445	92%	1	1	0	0	88%
10 South	25	1:6.25	4085	3848	94%	4	0	0	0	95%
5 East B	10	1:5	3461	3289	95%	3	0	0	0	83%
Mulberry	13	1:3	2614	2922	111%	3	0	0	0	100%

Urgent Care February 2015										
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	6162	5657	92%	2	0	0	0	85%
8 West	36	1:5.1	7514	6729	89%	5	1	0	1	74%
8 North	32	1:4	6772	6695	99%	1	1	0	0	83%
10 West	27	1:5	4880	5063	103%	2	0	0	0	90%
8 East	26	1:4.3	4815	4537	94%	6	2	0	0	90%
6 South	28	1:4	5622	5246	93%	3	0	0	1	83%
ITU (RF)	vary	1:1/1:2	25162	24608	98%	0	0	0	0	n/a
Adelaide	25	1:6.25	3996	4315	108%	6	0	0	1	60%
Capetown	36	1:5.1	6002	5670	94%	7	0	0	0	80%
CCU	8	1:2	2058	2109	102%	1	0	0	0	100%
CDU	24	1:4.8	4004	4248	106%	7	2	0	0	84%
ITU (BH)	vary	1:1/1:2	12502	15327	122%	0	3	0	0	n/a
Juniper	24	1:4.8	3906	3956	101%	1	1	0	0	100%
Larch	22	1:5.5	3230	3613	111%	0	1	0	0	91%
Napier	38	1:6.3	3898	6517	167%	0	1	0	1	67%
Olive	22	1:5.5	3080	3841	124%	8	0	0	1	86%
Palm	22	1:5.5	3846	3887	101%	3	2	0	0	86%
Quince	24	1:4.8	4154	5108	122%	4	0	0	0	80%
Rowan	24	1:4.8	3748	3721	99%	1	0	0	0	95%
Spruce	24	1:6	3758	4474	119%	1	0	0	0	100%
Walnut	24	1:6	3886	4063	104%	2	1	0	0	86%

Surgery and Associated Services February 2015										
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	3160	2988	94%	1	1	0	0	74%
7 East B	13	1:4.3	2107	1935	92%	2	0	0	0	96%
7 West	32	1:4.7	5086	4539	89%	8	1	0	0	88%
7 North	32	1:4.7	4091	4371	107%	1	3	0	0	93%
Beech	24	1:8	3468	3632	105%	3	3	0	0	90%
Canterb'y	25	1:6.25	3230	2721	84%	0	0	0	0	94%
Cedar	24	1:6	3468	4016	115%	4	2	0	0	90%
Damson	24	1:8	3502	3608	103%	2	3	0	0	92%
Wel'gton	39	1:6.5	3598	3308	92%	0	0	0	0	90%



Women and Children February 2015										
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	2762	2342	85%	0	0	0	0	n/a
5 South	31	1:8	7365	7328	99%	0	0	0	0	93%
Neonate Galaxy	RFH	vary	2333	2223	95%	0	0	0	0	n/a
Neonate Delivery	BH	1:4	4620	3818	82%	0	0	0	0	n/a
Neonate Delivery	BH	vary	6468	6121	95%	0	0	0	0	n/a
Willow	BH	n/a	7980	7747	97%	0	0	0	0	86%
Victoria	16	1:5.3	2898	3925	135%	2	0	0	0	78%
Victoria	48	1:8	6758	6128	91%	0	0	0	0	86%