

## 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 August was 10% more actual hours used than planned. Site specific data is as follows:

- Royal Free Hospital           2% more actual hours than planned
- Barnet Hospital               8% more actual hours than planned
- Chase Farm Hospital       19% more actual hours than planned

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

- Registered nurses 5% less actual hours than planned
- Health care assistants 125% more actual hours than planned

### **Safe staffing**

Out of a minimum of 2418 shifts in August there were 12 where the threshold of a 1:8 nurse patient ratio in the day or 1:11 at night was not met. This represents 0.5% of all shifts. There were no patient safety issues reported on any of those shifts. A description of the event and mitigation is shown below.

There was one day shift during August where a ward had less than a 1:8 registered nurse: patient ratio (actual). On 10 south there was a ratio of two registered nurses:25 patients due to two agency nurses not arriving for shift. A nurse was moved to 10 south from a neighbouring ward to achieve a 1:8.3 ratio.

There were 10 night shifts in August where a ward fell below a 1:11 nurse: patient ratio (actual), 10 south on one occasion had two registered nurses for 25 patients and 11 east on one occasion had 2 registered nurses for 21 patients. Spruce ward had two registered nurses for 24 patients on eight occasions. There were un-registered nurses on all these shifts (3).

There was one occasion where there was only one registered nurse on a shift. 7 east B had one registered nurse for 13 patients on one night shift as the booked bank nurse did not arrive. Support was provided by neighbouring wards and the site team.

There were no patient safety issues reported on any of the shifts outlined above.

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 four wards that had rates of below 80%.

In August, 14 wards did not meet fully in the month their planned nursing hours, of those seven were 95% or above, three were 90% or above, two were 85% or above, one was 80% or above and one was 69%.

Canterbury ward had an actual versus planned of 69%. This is the elective orthopaedic ward at Chase Farm Hospital where all the beds are not utilised currently and the staff are redeployed to alternative wards.

### Recruitment

The established rolling recruitment for band 2 and band 5 staff continues and now covers all sites with aligned testing procedures' at assessment centres. There have been targeted recruitment campaigns for newly qualified staff and in Ireland. An overseas campaign is planned again for February covering Spain, Portugal and Italy.

The current pipeline is as follows

Projected start month	Bands 5-8	Bands 2-4	Total
October 2014	36	4	40
November 2014	36	13	49
December 2014	44	11	55
January 2015	87	34	121
February 2015	36	0	36
March 2015	1	0	1
<b>Totals</b>	<b>240</b>	<b>62</b>	<b>302</b>

### Conclusion

Safe staff levels have been reported however August was a challenging month in the demand for temporary staffing to achieve the established staffing levels. Ongoing focus remains on recruitment and the introduction of an E-rostering solution which will allow clearer oversight in real time on staffing.

**Surgery and Associated Services August 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)	Number of RN agency hours	% of total RN hours worked by agency staff	Falls	Pressure ulcers	Attributable MRSA Bacteramia	Attributable Cdiff	FFT Score
6 South	28	1:4	6414	6249.5	97.00%	281	7%	2	0	0	0	
7 East A	20	1:5	3505	3585	102.00%	395	19%	2	1	0	0	23
7 East B	13	1:4.3	2254.25	2150	95.00%	32	2%	2	0	0	0	68
7 West	32	1:4.7	5279.75	4900.75	93.00%	523	12%	3	1	0	0	30
7 North	32	1:4.7	4720.25	4751.25	101%	216	5%	2	0	0	0	48
Beech	24	1:8	3831	4094.75	107%	168	6.00%	0	2	0	0	67
Canterb'y	25	1:6.25	3567.5	2473.5	69%	25	1%	0	1	0	0	81
Cedar	24	1:6	3831	4793.67	125%	340	10.00%	0	0	0	0	71
Damson	24	1:8	3847.5	4050.75	105%	12.5	0.40%	0	1	0	2	62
Wel'gton	39	1:6.5	3983.5	3514.83	88%	0	0.00%	0	0	0	0	79

**Transplantation and Specialist Services August 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	Number of RN agency hours	% of total RN hours worked by agency staff	Falls	Pressure ulcers	Attributable MRSA Bacteramia	Attributable Cdiff	FFT Score
9 West	26	1:4	5301.5	4880.5	92.00%	895.25	22%	3	1	0	0	43
10 North	33	1:4.7	5370	5190.25	97.00%	766.5	20%	2	0	0	0	51
11 West	22	1:4.8	3873.75	3950.25	102.00%	387	16%	1	0	0	0	38
11 South	19	1:3.8	3900.75	3898.5	100.00%	695	27%	2	0	0	0	50
11 East	24	1:4.8	4041.5	3921.5	97.00%	301	11%	0	0	0	0	72
10 East	24	1:3.4	5210	4850	93%	484	12%	5	0	0	0	38
10 South	25	1:6.25	4171	4626.75	110%	806	31%	3	0	0	0	13
5 East B	10	1:5	2135.5	2143	100%	21	1%	1	0	0	0	57
Mulberry	13	1:3	2885.5	3105	107%	259	11%	0	0	0	0	72

**Urgent Care August 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)	Number of RN agency hours	% of total RN hours worked by agency staff	Falls	Pressure ulcers	Attributable MRSA Bacteramia	Attributable Cdiff	FFT Score
9 North	32	1:5.3	6815	6506.5	95.00%	301	9%	3	0	0	0	50
8 West	36	1:5.1	8295.25	7947.75	96.00%	515	13%	5	0	0	1	25
8 North	32	1:4	6553.75	6587.5	100.00%	815	15%	2	3	0	0	40
10 West	27	1:5	5374.5	5675.5	105.00%	312	8%	1	1	0	0	60
8 East	26	1:4.3	5835.25	6582.5	112%	1049.75	21%	5	1	0	0	46
ITU (RF)	vary	1:1/1:2	24768	24741	100%	4931.75	21%	5	0	0	1	25
Adelaide	25	1:6.25	4407	5039.75	114%	300	10%	0	0	0	0	100
Capetown	36	1:5.1	6636.5	7120.5	107%	699	17.00%	0	0	0	0	
CCU	8	1:2	2278.5	2710.5	118%	30.5	1.00%	0	0	0	0	85
CDU	24	1:4.8	4433	4828.5	108%	125	4.00%	4	1	0	0	47
ITU (BH)	vary	1:1/1:2	13500.5	11639	86%	795	6.00%	0	0	0	0	n/a
Juniper	24	1:4.8	4324.5	4455	103%	471	15.00%	0	0	0	0	61
Larch	22	1:5.5	3567.5	4037.25	113%	100	4.00%	0	0	0	0	57
Napier	38	1:6.3	4298.5	6481.5	150%	881	28%	0	1	0	0	50
Olive	22	1:5.5	3410	3895	114%	73.5	3%	0	1	0	0	
Palm	22	1:5.5	4249.5	5216	122%	148.5	6%	0	0	0	0	50
Quince	24	1:4.8	4590.5	4633.5	101%	224	7%	0	2	0	0	48
Rowan	24	1:4.8	4141	3965	96%	149	5%	0	0	0	0	65
Spruce	24	1:6	4139.5	4400.23	106%	254.5	11%	0	0	0	1	29
Walnut	24	1:6	4291.5	3412	80%	72	3%	0	0	0	0	53