

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 January 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.'*

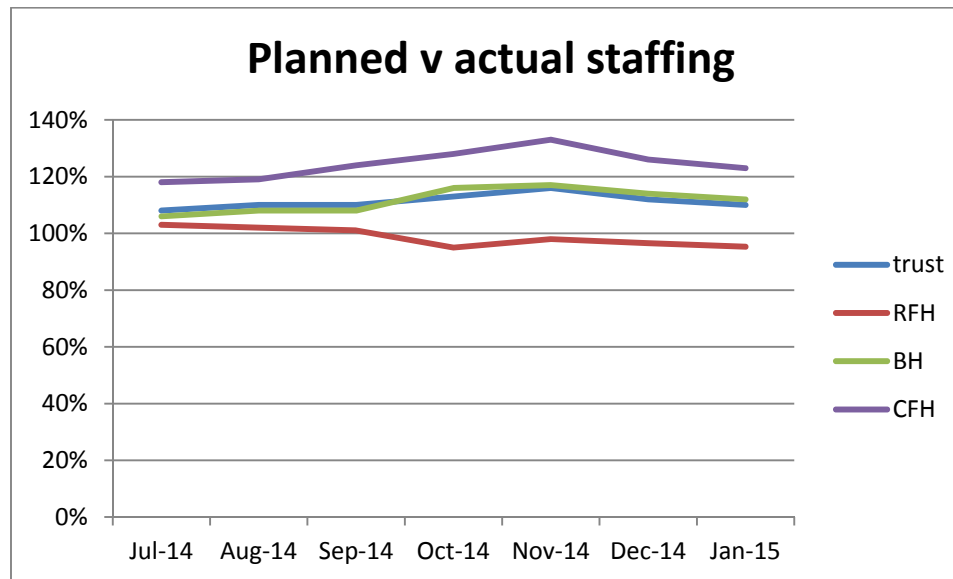
Planned versus actual staffing

The overall trust summary of planned versus actual hours for January was 10% more actual hours used than planned. This is a decrease of 2% from the December figure of 12% more hours. Site specific data is as follows:

- Royal Free hospital 4.75% less actual hours than planned
- Barnet hospital 12% more actual hours than planned
- Chase Farm hospital 23% 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 chart below shows the actual versus planned by trust and by site from July 2014 to January 2015



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

Royal Free hospital

- Registered nurses 5.6% 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 22.5% more actual hours than planned

Chase Farm hospital

- Registered nurses 1.4% less actual hours than planned
- Health care assistants 47% more actual hours than planned

Safe staffing

Out of a minimum of 2914 shifts in January there were 11 shifts reported where the threshold of a 1:8 nurse patient ratio in the day or 1:11 at night were not met and one shift where there was only 1 registered nurse on duty. This represents 0.4% of all shifts. On 10 south there were 4 day shifts where there was a ratio of 1:8.3 and one night shift where there was a ratio of 1:12.5. On 8 west there were 2 night shifts where there was a ratio of 1:12 and on Juniper ward there were 3 night shifts where there was a ratio of 1:12. On 7 east A there was one day shift where there was a ratio of 1:10 and one night shift where there was only one registered nurse on the shift, an extra HCA was sent to the ward and support was provided by the next door ward. There were no reported safety incidents on any of these occasions.

In March matrons at the Royal Free hospital started working weekend shifts to support wards including ensuring appropriate staffing in the same way as already exists at Barnet hospital.

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%. There were no wards where this occurred in January.

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 January 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	5597	4956	89%	0	0	0	0	80%
10 North	33	1:4.7	5135	4813	94%	6	0	0	0	93%
11 West	22	1:4.8	3831	3282	85%	0	0	0	0	93%
11 South	19	1:3.8	3831	3752	98%	0	1	0	0	77%
11 East	24	1:4.8	4164	4003	96%	0	1	0	0	97%
10 East	24	1:3.4	5174	4614	89%	2	0	0	0	92%
10 South	25	1:6.25	4515	4139	92%	5	0	0	0	78%
5 East B	10	1:5	3831	3612	94%	6	0	0	0	83%
Mulberry	13	1:3	2893	2836	98%	1	0	0	0	88%

Urgent Care January 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	6822	6500	95%	1	0	0	0	91%
8 West	36	1:5.1	8303	7667	92%	3	0	0	0	85%
8 North	32	1:4	7542	6473	86%	3	0	0	0	77%
10 West	27	1:5	5400	5980	110%	4	0	0	1	88%
8 East	26	1:4.3	5329	5102	96%	0	0	0	0	80%
6 South	28	1:4	6600	6160	93%	2	0	0	0	67%
ITU (RF)	vary	1:1/1:2	27071	26576	98%	0	0	0	0	n/a
Adelaide	25	1:6.25	4422	5174	117%	3	0	0	0	75%
Capetown	36	1:5.1	6644	6360	96%	5	1	0	0	75%
CCU	8	1:2	2278.5	2485	109%	0	0	0	0	86%
CDU	24	1:4.8	4433	4796	108%	5	3	0	1	79%
ITU (BH)	vary	1:1/1:2	13841	17319	125%	0	0	0	0	n/a
Juniper	24	1:4.8	4327	3839	89%	4	0	0	1	60%
Larch	22	1:5.5	3575	3888	109%	1	2	0	0	75%
Napier	38	1:6.3	4313	7151	165%	4	3	0	0	92%
Olive	22	1:5.5	3410	3724	109%	6	0	0	0	80%
Palm	22	1:5.5	4257	4651	109%	5	0	0	1	91%
Quince	24	1:4.8	4598	5211	113%	8	2	0	0	90%
Rowan	24	1:4.8	4148	3983	96%	3	0	0	0	86%
Spruce	24	1:6	4158	4758	114%	1	0	0	0	71%
Walnut	24	1:6	4301	5120	119%	2	2	0	0	71%

Surgery and Associated Services January 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	3497	3355	96%	4	0	0	0	86%
7 East B	13	1:4.3	2333	2136	91%	1	0	0	0	95%
7 West	32	1:4.7	5617	5030	89%	2	1	0	0	100%
7 North	32	1:4.7	4872	4522	93%	0	0	0	1	84%
Beech	24	1:8	3838	3888	101%	0	3	0	0	94%
Canterb'y	25	1:6.25	3575	3047	85%	1	0	0	0	96%
Cedar	24	1:6	3838	4449	115%	4	0	0	1	91%
Damson	24	1:8	3873	4038	104%	0	0	0	0	85%
Wel'gton	39	1:6.5	3443	3896	113%	2	0	0	0	96%

Womens and Childrens January 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	2891	2527	87%	0	0	0	0	n/a
5 South	31	1:8	8547	8294	97%	0	0	0	0	90%
Neonate	RFH	vary	2505	2225	89%	0	0	0	0	n/a
Galaxy	30	1:4	5115	4721	92%	0	0	0	0	n/a
Neonate	BH	vary	7161	6544	91%	0	0	0	0	n/a
Delivery	BH	n/a	8835	8763	99%	0	0	0	0	100%
Willow	16	1:5.3	3208	3877	120%	1	0	0	0	73%
Victoria	48	1:8	7481	6663	89%	0	0	0	0	100%