

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 the meeting in November 2014 and the next bi-annual report will be given at the May 2015 Board meeting. This report provides information on nurse staffing for November 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 November was 16% more actual hours used than planned. This is an increase of 3% from the October figure of 13% more hours. Site specific data is as follows:

- Royal Free hospital 2% less actual hours than planned
- Barnet hospital 17% more actual hours than planned
- Chase Farm hospital 33% 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 November was:

- Registered nurses 0.7% less actual hours than planned
- Health care assistants 133% more actual hours than planned

Safe staffing

Out of a minimum of 2520 shifts in November there were 5 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 0.2% of all shifts. There were 2 night shifts on 8 west where there were 3 trained nurses for 36 patients. On one night shift they were supported by 6 nursing assistants and 8 on the other. The shortfalls were caused by sickness of staff which was not able to be covered by temporary staffing. On Spruce ward there were 3 night shifts where the nurse to patient ratio was 1:11; again this was caused by late notice sickness (2) and the last minute cancellation of a shift by a bank nurse, again which were unable to be filled by temporary staffing. There were no reported safety incidents on any of these occasions.

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. It is most likely that the RAG rating is likely to be based on workforce metrics such as appraisal rates, MaST rates and absence rates. 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 November there were no wards that fell below an actual versus planned level of less than 80%.

A number of medical wards at Barnet had a high level of staffing against the planned level. CDU, Larch, Juniper, Olive, Palm and Spruce all had more than 15% over their planned hours. This is predominantly due to the requirement for specials, generally performed by nursing assistants. For example Larch has a planned 330 hours for nursing assistants at night but used 1076 hours. They are planned to have 1 nursing assistant on each night shift but required 3. This will be reviewed formally by the division during the next dependency and acuity survey. Willow (gynaecology) also had an actual number of hours of 118% for similar reasons.

Appendix 1: Ward level planned versus actual staffing

Transplantation and Specialist Services November 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	5336	4956	93%	2	0	0	0	89%
10 North	33	1:4.7	4930	4443	90%	4	1	0	0	87%
11 West	22	1:4.8	3697	4227	114%	1	0	0	0	73%
11 South	19	1:3.8	3697	3818	103%	4	2	0	0	100%
11 East	24	1:4.8	4020	3770	94%	4	0	0	0	96%
10 East	24	1:3.4	5245	4823	92%	5	0	0	0	90%
10 South	25	1:6.25	4042	3891	96%	5	0	0	0	100%
5 East B	10	1:5	3719	3417	92%	1	0	0	0	88%
Mulberry	13	1:3	2790	3055	109%	2	1	0	0	89%

Urgent Care November 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	6600	6277	95%	3	0	0	0	70%
8 West	36	1:5.1	8019	7874	98%	2	0	0	0	88%
8 North	32	1:4	6585	7181	109%	0	0	0	0	86%
10 West	27	1:5	5202	5311	102%	3	0	0	0	94%
8 East	26	1:4.3	5137	4915	96%	3	0	0	0	78%
6 South	28	1:4	6492	6353	98%	0	0	0	1	67%
ITU (RF)	vary	1:1/1:2	26714	26093	98%	1	1	0	0	n/a
Adelaide	25	1:6.25	4260	5246	123%	4	0	0	0	95%
Capetown	36	1:5.1	6420	6670	104%	5	0	0	0	93%
CCU	8	1:2	2205	2321	105%	1	0	0	0	86%
CDU	24	1:4.8	4290	5248	122%	6	0	0	0	87%
ITU (BH)	vary	1:1/1:2	13395	16730	125%	0	1	0	0	n/a
Juniper	24	1:4.8	4185	5490	131%	5	1	0	0	88%
Larch	22	1:5.5	3450	5010	145%	3	0	0	0	50%
Napier	38	1:6.3	4155	7111	171%	3	5	1	0	92%
Olive	22	1:5.5	3300	4450	135%	3	1	0	0	79%
Palm	22	1:5.5	4110	4950	120%	5	0	1	1	93%
Quince	24	1:4.8	4440	4625	104%	5	1	0	0	90%
Rowan	24	1:4.8	4005	3996	100%	4	0	0	0	91%
Spruce	24	1:6	4000	4692	117%	3	0	0	0	79%
Walnut	24	1:6	4150	4239	102%	3	1	0	0	80%

Surgery and Associated Services November 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	3375	3074	91%	2	0	0	0	86%
7 East B	13	1:4.3	2258	2020	89%	2	1	0	0	95%
7 West	32	1:4.7	5430	5090	94%	4	0	0	0	91%
7 North	32	1:4.7	4372	4413	101%	1	1	0	1	89%
Beech	24	1:8	3705	3825	103%	2	2	0	0	88%
Canterb'y	25	1:6.25	3450	2903	84%	1	0	0	0	92%
Cedar	24	1:6	3705	4415	119%	6	2	0	0	95%
Damson	24	1:8	3715	4039	109%	7	2	0	0	88%
Wel'gton	39	1:6.5	3855	3557	92%	0	0	0	0	100%

Womens and Childrens November 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	4895	4626	95%	0	0	0	0	n/a
5 South	31	1:8	8172	8165	100%	0	0	0	0	n/a
Neonate	RFH	vary	2623	2365	90%	0	0	0	0	n/a
Galaxy	30	1:4	4950	4641	94%	0	0	0	0	n/a
Neonate	BH	vary	6930	6169	89%	0	0	0	0	n/a
Delivery	BH	n/a	8550	8430	99%	0	0	0	0	n/a
Willow	16	1:5.3	3105	3668	118%	0	0	0	0	84%
Victoria		1:8	7230	6335	88%	1	0	0	0	n/a