For years there have been debate and discussion about what is the appropriate level of staffing on hospital wards. Should it be one nurse to eight patients, or should it be higher or lower than this? Finally, there is an answer, but not a straightforward one.

The National Institute for Health and Care Excellence (NICE) has produced guidance about safe staffing levels in adult inpatient wards in England after being asked to do so by ministers following the Francis inquiry.

This is the first of nine planned pieces of guidance covering a range of settings from maternity care to mental health.

On nurse-to-patient ratios, NICE refuses to be pinned down to an exact number, saying needs vary so much from ward to ward that it is impossible to give one absolute figure. Instead, the guidance says that a breach of the one-to-eight ratio should act as a signal to check whether care is being compromised. In short, nurse leaders have to justify it.

NICE deputy chief executive Gillian Leng says safe staffing is ‘too complex’ to be boiled down to one figure.

‘The reason why there is no single one-to-eight figure is because that will be seen as the figure that should be applied across all wards when we know that is not going to be enough in many scenarios,’ explains Professor Leng. ‘One-to-eight is a signal about safety that should be taken into account and investigated.’

But not everyone is convinced by this argument. Safe Staffing Alliance deputy chair Helen Thomson says: ‘It is pleasing that the importance of nurse numbers is being recognised, but not having a mandatory ratio has fudged the issue.

‘There is a level of concern about the amount of discretion. It may be too easy for hospitals to say things are fine when that is not the case.’

Where NICE has been prescriptive, however, is in how it expects decision makers to establish and monitor safe staffing. It recommends that board members and senior managers, for example, ensure there are enough staff so that service users are safe and that ward sisters and their immediate managers are empowered to manage and monitor safe staffing levels. It also calls on them to carry out twice-yearly reviews of staffing.

Guidance sidesteps set ratio in favour of warning signal

Staffing review gives hospitals discretion over deployment but highlights management’s role, writes Nick Triggle
In terms of determining nursing staff requirements, NICE says this is a job for nurses in charge of wards or shifts, who should take into account the elements of three themes: patient factors, ward factors and nursing staff factors (right).

There is also detailed guidance about how the different needs of patients can affect disproportionately the amount of care they require. In total, there are more than 18 scenarios covered in the guidance, from medication and helping service users to wash, dress and bathe to carrying out observations and planning patient discharge.

In each case, the guidance lists what would be considered routine and what would require additional time. For example, observations that are carried out between four and six-hourly are classed as routine, while those that have to be done more frequently require additional time.

But the guidance also accepts that safe staffing can be prescribed only so far and that nothing negates the need for staff to use professional judgement.

To help monitor that staffing levels are right, the guidance sets out a number of ‘red flag’ events:

- Unplanned omission in providing medications.
- Delay of more than 30 minutes in giving pain relief.
- Vital signs not assessed or recorded as outlined in care plan.

### How to determine nurse staffing requirements

#### Patient factors
- Assess each patient’s needs, including acuity and dependency.
- Ensure factors such as cognition, end of life care and risk of deterioration are taken into account.

#### Ward factors
- Take into account expected patient turnover.
- Consider ward layout and size.

#### Nursing staff factors
- Take into account the need for nurses to communicate with relatives and carers.
- Consider the management or supervision roles that nurses may have.
- Fewer than two registered nurses on the ward during any shift.
- A shortfall of more than eight hours or 25%, whichever is reached first, of registered nurse time available compared to what is required on a shift.

The guidance says that such events should be reported to the nurse in charge of the shift who then has a duty to assess whether additional nurses are needed.

Professor Leng says the aim of the red flag events is to empower nurses. ‘It will allow nurses who are on shift to say they can’t do this or that and that additional staff are needed. It will then be up to those above them to respond.’

To ensure optimal care is provided, the guidance also lists a series of safe-nurse indicators, such as the number of missed breaks, the amount of overtime taken and the number of falls and new or worsening pressure ulcers. These should be monitored and compared every six months to check there is no deterioration of performance.

#### Shift by shift

University Hospital of North Staffordshire NHS Trust chief nurse Elizabeth Rix, who is also the vice chair of the Association of UK University Hospitals nurse directors team, says: ‘When nurses see these kind of things happening, it allows them to describe why they feel they don’t have enough staff. And, because we are going to look at it on a shift-by-shift basis across a whole organisation, we will see the total picture. It will mean we can respond quickly.’

But responding to the guidance will cost money. NICE estimates that implementing the guidance will cost £200 million. There is also a question over whether there are enough nurses in the system, although NICE points out that the number of nurses being employed is increasing.

Yet the RCN and Unison believe there are shortages. This is supported by evidence from the NHS Choices website, to which trusts report staffing levels on a monthly basis.

NHS England regional chief nurse Ruth May concedes there ‘will need to be investment’, but expects that the ability to provide better care will more than cover the costs in the long term through savings in areas such as infections and pressure ulcers.

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**Nick Triggle is a freelance journalist**

### ‘It’s not just the numbers; it’s the skills mix too’

Guy’s and St Thomas’ NHS Foundation Trust, London, has had procedures in place to ensure safe staffing for many years, with nurses in charge of shifts being able to raise the alarm when they think staffing levels are too low.

But, following the Francis inquiry, the system has become more formalised. Monthly reports on staffing levels are produced and on each ward daily information is provided on a laminated poster.

If there is a problem, nurses escalate it formally to the matron in charge of their department or, if it is out of hours, to the site nurse practitioner team. Everything from this point on is recorded so there is an audit trail.

Several options are then available. These include seeing if other nurses off duty want to come into work, checking if there are nurses available elsewhere in the hospital, or calling on the trust staffing bank. If there is an immediate risk to patients, the matron stays on the ward.

Chief nurse and director of patient experience Eileen Sills says: ‘Safe staffing is hugely important to the trust. But it is essential to remember it’s not just the numbers that matter; it’s the skills mix too.’

She added that the trust would review the arrangements in light of the NICE recommendations, but believes it is ‘on the whole compliant’.