Three approaches to safe staffing levels

We have a natural experiment emerging, with different UK countries looking at different approaches to NHS nurse staffing. For example, in June, Scotland first minister Nicola Sturgeon announced that Scotland will enshrine the use of existing local nurse workforce planning tools in law. This was misrepresented in some media coverage as being about legislated staffing levels, but it actually legislates what was already common local practice: flexibility framed by tested workforce tools, underpinned by professional judgement.

The main weaknesses of this approach are that evidence-based tools are not available for all care environments and are not always applied consistently.

The Welsh Assembly recently passed the much vaunted Nurse Staffing Levels Act (2016). Initially, this will only apply to NHS adult acute and surgical wards, and will require Welsh health boards to ‘ensure there are sufficient nurses to allow the nurses’ time to care for patients sensitively’.

The Welsh government has been required to develop guidance setting out how to determine locally appropriate and safe nurse staffing levels. As this has not yet happened, it is too early to be confident that Wales will deliver effectively on the hype.

Slow progress in England

And NHS England? So far, a case study in how not to do it. Since the Mid Staffordshire inquiry shone a light on what can go wrong if local staffing concerns are ignored, national responsibility for safe staffing has shifted, hot potato like, across various parts of the NHS.

It rests with NHS Improvement, which in July published ‘an updated set of expectations for nursing and midwifery care staffing’. This includes the use of tools and the introduction of the ‘new’ care hours per patient day metric. More process, but little outcome as yet.

Three countries, three approaches, one overarching problem. This is not about getting staffing ‘right’, it’s about finding the funding.