

Nurse-to-patient ratios must increase to improve safety

The RCN has issued unprecedented guidance to hospital managers on staffing levels and skill mix for older people's wards. Christian Duffin reports

FOR THE first time in its history the RCN is calling for minimum nurse-to-patient ratios on older people's wards. The recommendation, made in a landmark RCN report published in March, states that good quality care will only be achieved if each nurse oversees between five and seven patients at a time.

The Safe Staffing for Older People's Wards report argues that if a nurse is overseeing more than seven patients, care will not be safe. RCN research shows that, on average, each nurse on a typical NHS older people's ward oversees nine patients.

RCN older people's adviser and Nursing Older People consultant editor Nicky Hayes co-wrote the report, which sets out recommendations but stipulates ward sisters should be the final arbiter of staffing levels for any particular day.

Ms Hayes, who works part-time as a nurse consultant for older people at King's College Hospital London, says the college calculated safe nurse-to-patient ratios by surveying around 1,700 nurses to find out when care was compromised due to staffing levels.

'We need the recommended levels so that nurses can deliver safe care,' she says. 'Below them, nurses tell us that they do not have

time to communicate with patients with cognitive impairment, help them become mobile, or help with eating and drinking.'

The report advises that the increasing dependency of older people combined with pressure to cut costs means that nurse-to-patient ratios are required to prevent poor care. The report states: 'The majority of hospitals still have inadequate basic nursing establishments on older people's wards and unsatisfactory arrangements to provide additional skilled support when needed at short notice.'

Recommendations

The report makes the following recommendations to improve care:

- Safe day-to-day staffing levels for older people's wards should be determined locally, but with specific considerations relating to the nature of care for older people with complex needs.
- Ward sisters/senior charge nurses on older people's wards should be empowered to make decisions on safe staffing for their area.
- Recommended skill mix and staffing levels (see panel).
- Strong leadership for older people's wards is essential at ward sister/

charge nurse level and from executive nurse directors.

- Wards must have sufficient professional staffing and support at patient mealtimes to ensure that all patients who need assistance with food and drink receive it.
- Appropriate training in the knowledge and skills to care for older people must be available to all nurses at pre- and post-registration levels, and to healthcare assistants (HCAs) and assistant practitioners, appropriate to role.
- Ward sisters/senior charge nurses must have a determining influence in selecting staff for their teams, but must also have adequate administrative and human resources support for this process.
- Metrics need to be developed that recognise the full nursing contribution including compassionate care, communication and its impact on patient experience and outcomes.

The report is based on RCN analyses, investigations and surveys, as well as advice from focus groups, a panel of expert nurses from across the UK, and the British Geriatrics Society's nurse consultants group. It warns of unsafe care if the skill mix of nurses to HCAs falls below 50:50.

The report states 'ideal, good quality care' requires a 65:35 mix, so that every older people's ward has two nurses for every one HCA (see panel).

Previous RCN analysis showed that older people's wards have far fewer staff than other wards. There are currently 9.1 to 10.3 patients per nurse on older people's wards, compared with 6.7 on adult general, medical and surgical wards and 4.2 on children's wards.

The report suggests that low staffing levels on older people's wards are a long-standing practice that dates back to 'geriatric' wards, which were staffed mainly by nursing auxiliaries. 'These wards were stigmatised by institutional regimes and depersonalising care such as toilet rounds,' the report states.

Some trusts are already looking to increase nurse-to-patient ratios on older people's wards; University Hospital of North Staffordshire NHS Trust introduced an increased number of nurses on its older

Nurse-to-patient ratios on older people's wards

	Skill mix	Nurse/patient ratio	Staff/patient ratio	Number of nurses	Total staff on duty
Current	50:50	1:9	1:4.6	3	6
Basic safe care	50:50	1:7	1:3.3-1:3.8	≥4	≥8
Ideal, good quality care	65:35	1:5-1:7	1:3.3-1:3.8	4-6	≥8



Matron Fiona Howell with a patient at City Hospital in Stoke-on-Trent, where the number of nurses on older people's wards has already been increased by University Hospital of North Staffordshire NHS Trust

people's wards after a trust-wide review of staffing levels. Its chief nurse Liz Rix says the new ratio equates to 5.2 patients per nurse. It has also introduced a skill mix of five nurses to five HCAs on a 26-bed ward for older people. Ms Rix says the ratios are not set in stone, and are derived from what she describes as 'baseline' levels.

'We have various ways to decide on staffing levels, including the Association of UK University Hospitals acuity/dependency tool, and our professional judgement. We do not make it prescriptive because each ward has different requirements regarding patient needs.'

Mandatory debate

Florence Nightingale Foundation trustee Elaine Maxwell believes mandatory nurse-to-patient ratios should be enshrined in the law. Addressing a Florence Nightingale Foundation conference in London in March, she said

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statutory ratios would prevent a repeat of the 'appalling' levels of care seen at Mid Staffordshire NHS Foundation Trust six years ago. A second inquiry into failures at Mid Staffordshire is due to report shortly. In his closing remarks, counsel to the public inquiry Tom Kark QC highlighted the benefits of minimum staffing levels.

'There is understandable reluctance to introduce mandated minimum levels, which may either become ceilings rather than floors, or prove unable to cater for local variation of need,' he said. 'However, the inquiry may well conclude that without some form of centrally approved guidance, the pleas of nursing directors may be overborne by management seeking to make cost savings.'

England's chief nursing officer at the time, Dame Chris Beasley, told the inquiry that the problem with introducing ratios was that some managers would attain the minimum but not try to go above it.

The British Geriatrics Society agrees. Chris Beech, secretary of its nurse consultants group, says problems can arise if one ward has minimum ratios, but others do not. On busy days a nurse may be transferred from ward A to ward B, leaving ward A struggling to cope. 'There are already lots of guidelines and tools out there that

wards can use to assess safe staffing levels; it is better not to be prescriptive by making them mandatory,' she says.

The RCN states some wards may need an even richer skill mix to meet patients' needs. The Department of Health says it is 'up to local health teams to make sure they have enough nurses'.

Work is under way in Northern Ireland to introduce 'normative staffing levels'. The Northern Ireland Practice Education Council has been asked by the country's Public Health Agency to carry out the work and rates should be finalised later this year.

The Welsh and Scottish governments have no plans for mandatory nurse-to-patient ratios, but nurse directors in Wales will be piloting a Safer Nursing Care Tool later this year that will allow evaluations of team size and skill mix against inpatient outcomes in acute settings.

American practice

California has 17 different minimum ratios, including nurse-to-patient ratios of one to five in surgical units and one to four in emergency departments. The California Nurses Association argues that this reduces mortality levels and allows nurses to spend more time with patients.

Co-president of the association Malinda Markowitz points to a 2010 nurse-led study from the University of Pennsylvania, which concluded that New Jersey hospitals would have 14 per cent fewer deaths if they matched California's surgical unit ratio.

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Join the debate online

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Safe Staffing for Older People's Wards is available to download at www.rcn.org.uk/development/practice/older_people

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