



Exclusive: Government drops key safe staffing measure

By [Shaun Lintern](#) 16 April 2019

Publication of nurse staffing levels at each hospital in England – introduced after the Francis Inquiry to boost safety – has been quietly dropped, *HSJ* can reveal.

There is now no way to see at a glance how well hospitals are performing filling their nursing shifts. The data was seen as an important transparency improvement, and an important driver of safe nurse staffing levels, after the Mid Staffordshire care scandal.

From 2014, figures were published on the NHS Choices website and updated monthly. They showed average staffing fill rates – ie: the percentage of nurse shifts filled versus the level planned for by that hospital – both during the day and at night, and for both registered nurses and care assistants separately.

It was used to highlight where hospitals could not fill their nursing shifts as planned, and on the national nursing shortfall. [HSJ reported in 2015 that more than nine out of 10 acute hospitals were failing to meet their targeted numbers](#), for example.

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However, it has emerged that these figures have been removed. Instead, NHS Choices and the MyNHS website are publishing data for “care hours”, with MyNHS using a measure which combines registered nursing and unregistered care assistant shifts.

The Department of Health and Social Care confirmed to *HSJ* this change had been made for acute trusts in September 2018 and for community, mental health and specialist trusts in January.

The NHS Choices website lists care hours per patient day by each department, while MyNHS – part of NHS Choices – shows aggregate care hours for each site; and NHS Improvement publishes care hours per patient day at trust level.

Unlike the previous measures, none of these sources indicate how the care hours provided compare to the level the trust, hospital or department had been planning for, and either exceeded or fell short of – an indication of safety.

A number of nursing and NHS leaders have criticised the care hours metric, which was initially proposed by Lord Patrick Carter, the NHSI non-executive director, in his 2016 report.

It measures the number of staff providing care during a 24-hour period and dividing it by the number of patients at midnight. It has been argued

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that the midnight census may underestimate numbers because it does not capture churn – admissions, transfers, discharges, deaths and patients occupying a bed for less than 24 hours.

Former chief nurse Susan Osborne, chair of the Safe Staffing Alliance, told *HSJ*: “Care hours per patient day is flawed fundamentally as it is based on aggregated inputs with no correlation to clinical outcomes.”

She said publishing the figure with no measure of the level needed was “a sham and deceives patients and public regarding care needed versus care provided”.

“It is not based on research evidence and is just a blunt tool that is distorting the truth about staffing levels,” she said.

Jenny Hunt, a visiting professor of nursing at Anglia Ruskin University, told *HSJ*: “At the very least one needs to know both the budgeted CHPPD and the actual hours available, be that at hospital or ward level, and how those numbers and grades were determined.

“Clearly, the lessons of the Francis reports have been forgotten. We risk another such scandal if we continue to refuse to focus on increasing the number of registered nurses rather than other care posts either through educating more, retaining more or attracting the already qualified back into the NHS.”

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In 2016, Lord Willis, who has authored several reports on the nursing workforce, [warned the CHPPD metric](#) “fails to recognise the complexity of care provided by nurses and could lead to unsafe staffing levels”.

A DHSC spokesman said the government remained committed to transparency on nurse staffing levels and added: “That’s why care hours per patient day data was introduced in 2016.” He said this was now the “primary measure of staffing levels” and would help trusts deploy staff better.

Study finds nurse staffing falling short

Growth in registered nurses is being outstripped by hospital admissions, while the number of unqualified care staff has grown much faster, a [study funded by the National Institute for Health Research](#) has found.

Researchers at the University of Southampton also found, through a survey of nursing directors, that many wards were said to have staffing levels that were at or lower than one nurse to eight patients – the level at which the National Institute for Health and Care Excellence has said harm can occur.

The study said: “This finding suggests that a ratio of 1:8 or worse, remains the norm in many parts of the NHS. Given that directors of nursing reported that planned staffing is achieved on 93 per cent of shifts, it

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would seem that in these trusts a level of 1:8 patients per RN is not due to unexpected shortfalls, but is down to the staffing level that has been planned.”

Lead researcher Jane Ball said: “The complete lack of alignment between initial policy response [to the Francis Inquiry into the Mid Staffordshire scandal] and subsequent workforce investment, has left trusts with a clear vision of safe staffing but without sufficient means – in terms of registered nurses – to deliver on it.

“The continued failure to train enough RNs to meet patient needs is a fundamental flaw and misalignment of policy.”

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