“Safe staffing guidance is an opportunity too good to miss”

This month the guideline from the National Institute for Health and Care Excellence to determine nursing staff requirements in adult acute wards was launched. It is the first specific area to be looked at – others will follow – with NICE currently working on guidance for accident and emergency, as well as maternity staffing. Will this guidance really make a difference?

Having been a nurse for the past 30 years I know we all assess the wards we are working on and the patients we care for, judging whether we feel we have enough staff. This is using our experience and professional judgement.

These first guidelines are a landmark in standardising the setting of nurse staffing establishment at an organisational and ward level. It will help those of us working in acute hospitals to deliver high-quality care that meets patients’ needs and supports our professional judgement. This is the absolute difference. It is not about the number of staff per bed, per shift or per ward, it is about ensuring we have enough staff to meet patient needs on a shift-by-shift basis. The first time, clarity is given on the processes and factors that should be used systematically to determine the nurse staffing and skill mix needed at any given time.

At University Hospital of North Staffordshire Trust we chose to field test the guideline. It stipulates that required staffing levels must be based on individual patient need. This is important. It demands a bottom-up approach; the ward sister/charge nurse must be involved in setting their staffing establishments. The guidance provides a framework for a systematic approach that takes into account all factors: the patient, the needs of an individual and his/her relatives; the ward environment; the duties of nursing staff; the management of whole teams and the provision of help and support to others.

Feedback from our field test on the guidance has been positive. Nurses found it provided standardisation with an evidence base that could be used and referenced when looking at staffing, which supported their own thought processes. So will the guidance make a difference? Yes, I believe it will.

This evidence-based guidance is long overdue and we embrace the focus on getting nurse staffing right. This is an opportunity to ensure we have consistency in setting numbers, and transparency for boards, staff and our patients. It is an opportunity that is too good to miss. NT