Research has shown that low levels of nurse staffing are linked to worse patient outcomes and unsafe conditions (Griffiths et al, 2014). Before 2013, decisions to assess and review staffing levels were made locally, with little national guidance. However, the Francis inquiries in 2010 and 2013 identified nurse staffing as a patient safety factor that contributed to the care failings at Mid Staffordshire NHS Foundation Trust. These reports and the government’s response led to a national safe-staffing policy for all NHS acute hospitals. A study by the University of Southampton and Bangor University has examined the impact the policy has had in practice and found that a number of factors influence local implementation of the policy and that board awareness of staffing issues has improved. However, trusts are also constrained by external pressures such as the resources and workforce supply required.

Measuring the impact

A two-year study by the University of Southampton and Bangor University examined the implementation of these safe-staffing policies in NHS general acute trusts in England by looking at costs, consequences and the factors influencing implementation.

To do this, we used a mix of qualitative and quantitative methods. We analysed NHS national workforce data to explore changes since 2010. We carried out a...
national survey of directors of nursing in acute NHS hospital trusts, which received a 61% response rate. We also selected four acute hospital trusts as case study sites for a realist-informed evaluation and a descriptive and economic assessment of the impact of policy implementation.

**Effects on trusts**

The implementation of safe-staffing policies affected the four case study trusts in the following ways:

- Changes in the language used to refer to staffing;
- Increased visibility of safe staffing within the organisation;
- Use of data to support investment in nurse staffing;
- Data providing a rationale for difficult decisions;
- Policy as a driver for accelerated action around safe staffing;
- Tools changing the nature of management practice;
- Policies enabling workforce redesign.

The case study trusts reported that they conducted daily site-wide, multidisciplinary staffing reviews and 24-hour escalation at matron level or higher.

Among the directors of nursing who responded to the survey, 86% reported that nursing establishments were reviewed at least every six months, in line with NQF guidance. Almost all of them said their trust used the Safer Nursing Care Tool (80%), or a related tool to set establishments, and they reported that the most helpful changes were the new approaches to staff planning, rostering and board awareness.

We asked the directors of nursing who were in previous years.

**Workforce changes**

We found that, following a period of zero growth between 2009 and 2013, the whole-time-equivalent number of nursing staff employed in the NHS acute sector then increased between 2013 and 2017 by 10% for registered nurses (RNs) and by 30% for support staff. However, patient numbers also increased during this time; there was no net increase in RN staffing per patient. Trusts adopted strategies to cope with and mitigate against staffing shortfalls, but in all case studies senior nurses reported imbalances that led to times when wards were not operating with safe RN staffing levels.

Growth in the nursing workforce was also not uniformly distributed: policy attention focused on acute hospital services, and the increase in nursing staff that occurred in this sector was not seen in the community, learning disability and maternity sectors. Of the directors of nursing we surveyed, 25% reported that in their trust there were more than eight patients per RN in more than 65% of shifts over a year.

Growth in RN staffing had been constrained by trusts’ inability to fill posts. The survey found that the average RN vacancy rate in 2017 was 10%. From the data trusts provided to NHS Choices, we found they had increasing difficulty filling planned RN hours at a shift level and in NHS Staff Surveys, nursing staff reported working more additional hours than they were in previous years.

**Local implementation**

Implementation of the safe-staffing policy was influenced by the clarity of the policy message, the degree of learning and innovation, the use of tools and technologies, and the credibility and reliability of data.