

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY G.P. SOUTHERN OF ST. HELIER
ANSWER TO BE TABLED ON TUESDAY 12th MAY 2020**

Question

“What nurse-to-patient ratio has been planned, if any, in the event that all Jersey hospital beds are occupied with Coronavirus patients; how does any such ratio compare with the standard ratio required to ensure patient and staff safety; and, if the planned ratio does not meet the safety standards normally employed, when is it envisaged that ratios will start to diverge from those standards?”

Answer

The style of a Nightingale ward where patients are nursed in large bays in rows has been designed to maximise workforce efficiency and increase levels of patient observation.

The existing registered nurse to patient ratios on the general wards in the hospital vary from 1 registered nurse to 6 patients or from 1 registered nurse to 8 patients, supported by healthcare assistants. This staffing level is the current budgeted establishment and would be the same if the General Hospital is operating at full capacity. It is important to note that ward workload can vary from shift to shift, dependent on the number of beds filled, and the acuity and dependency of patients.

As part of our preparedness planning we have considered the impact on staffing at a time of surge and in the case of extremis. We have also taken advice and the learning from other organisations, particularly Nightingale hospitals which are ahead of Jersey in the curve.

We already use a system called “e-roster” which is an electronic staff roster system and all of our nursing wards are on this system. This enables us to monitor staffing levels in real time and to take into account the bed occupancy and acuity and dependency. For example, on a given day, two wards with the same number of beds filled could have very different levels of acuity and dependency, which means a decision will be made on the grounds of safe staffing whether or not additional staff need to be redirected to support the ward with a higher level of acuity and dependency.

In the case of the Nightingale Wing, we have set registered nurse ratios at 1 registered nurse to 10 patients as a minimum, supported by an increased number of healthcare assistants than we would normally have supporting registered nurses. The ratio for healthcare assistants at the Nightingale Wing is set at 1 to 8 patients.

At this time the requirement to step up and redeploy will stretch our registered nurse to patient ratios in the General Hospital in the event that it and the Nightingale are full and will see most general ward areas moving to a 1 to 8 or 1 to 9 registered nurse to patient ratio. As in the Nightingale Wing, the general wards will be supported with additional levels of healthcare assistants than they normally have within their establishment.

Wards across the whole of the Jersey General, which will include the Nightingale Wing, will be monitored in real time, using e-roster to ensure we are able to provide safe levels of care relative to the levels of acuity and dependency.

As part of our preparedness planning, we have brought additional staff into work – for example: registered nurses have returned from retirement; 175 new healthcare assistants have been appointed, inducted and trained; we recruited registered nurse agency nurses who have remained on-island to support Jersey; and

we also have staff who are registered nurses normally working in non-patient facing roles who have been identified as being able to undergo refresher training and be redirected to work on the wards in the event of a surge. The above measures have significantly added to our resilience.

In relation to the evidence supporting the use of the Nightingale-style wards, one observational study examined ward layouts and noted that despite the variables that exist within a functioning ward – such as leadership, acuity and dependency etc – direct patient care was higher in the Nightingale wards. Quality scores were higher in Nightingale wards – nurses' greater observation capability was a significant factor.

Hurst, K. (2008). UK ward design: Patient dependency, nursing workload, staffing and quality – An observational study. International Journal of Nursing Studies 45(3):370 – 81.