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Clocking In? Boots on the Ground, Not Just on the Payroll!
The NHS must know what nurses are where if patients are to have better care,
says Politeia's *Working Systems: Towards Safer NHS Nursing*

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Safe NHS care has been put at the heart of the government's priorities for the health service. Prompted by the scandals and official enquiries, which revealed serious failures at some of Britain's hospitals particularly in the quality and quantity of nursing care, NHS nursing is now under the spotlight.

Are such failings due to a lack of professional commitment by those concerned? Does the training model fail to inculcate standards of professional competency and decency? Or are there simply too few nurses – either on the payroll or in the wards themselves?

The first step must be to establish, not just how many nurses are employed by each of the NHS trusts, but how many are caring for patients on the ward at any given time. However, as *Working Systems? Towards Safer NHS Nursing*, Politeia's next publication points out, such information has been sorely lacking or is unreliable.

Dr Tony Hockley, a health policy specialist at the LSE, and his colleague Seán Boyle highlight serious gaps in the safe staffing of NHS hospitals. The evidence is of a widespread discrepancy between staff rosters and actual numbers on the wards. This can leave hospitals overstretched and reliant on expensive last-minute agency workers. Both put patients at risk. Despite the widespread adoption of electronic rostering systems for nursing staff, £71.5 million annually may be lost from payrolls because of weak systems for tracking real-time delivery of staff rosters. Even where e-rostering systems are in use, few have added the automation needed to monitor whether they are being followed. As Dr Hockley explains:

'We found numerous examples of hospitals paying non-existent doctors and nurses, and overpaying real staff due to weaknesses in monitoring adherence to rosters. At the same time many others say that they are working unpaid overtime to cover for shortages, but no-one has data on the extent of these problems. It seems that the NHS lacks the collective confidence to move towards any form of 'clocking in' that would allow it to know who is on the wards. Demands for real-time information on ward staffing levels, or adherence to particularly staff-patient ratios, will achieve little if the data continue to be unreliable. Hospitals need to find ways to bring transparency and rigour to their staffing systems, which will benefit patients and the strain on finances. The NHS still has much to learn from other safety-critical sectors, and knowing exactly who is where, when, is an important and simple first step.'

The authors analyse the direction of change in the NHS. Following the Francis Report on the Mid Staffs Hospital, the Government committed itself to safe staffing on NHS wards though rejected calls for a minimum ratio of nurses to patients. The emphasis therefore is on safety, staffing numbers and better care in a more effective, efficient system. For accurate data on staffing, management should recognise the advantages of electronic monitoring. Not only does the evidence suggest this might be a more efficient system, but it upholds fairness, is effective and it puts NHS nurses where they are needed, on the wards.

Dr Tony Hockley teaches in the Social Policy Department at the LSE. He is Director of the Policy Analysis Centre and specialises in health policy analysis. He is author of Politeia's study *A Premium on Patients? Funding the Future NHS*.

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