Neuroscience Safe Staffing Benchmark Statements

3rd Edition

British Association of Neuroscience Nurses

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Foreword by the Executive Board of British Association of Neuroscience Nurses

In 2004, the British Association of Neuroscience Nurses (BANN) set out standards of minimal full time equivalent (FTE) nurse per standard neuroscience bed in their original strategy document. Since then, BANN has revised its strategy (2024–2029), placing at its centre the principle that nursing care must always be delivered by competent neuroscience nurses.

Appropriate nurse staffing is critical to patient safety and well-being, patient outcomes and experience, and the overall quality of care. BANN recognises the importance of providing clear benchmark statements for safe staffing in neuroscience services.

The Mid Staffordshire NHS Foundation Trust Public Inquiry (the Francis Inquiry, 2013) highlighted that inadequate staffing levels directly contributed to failings in care. The Inquiry also recommended stronger guidance for establishing safe staffing levels. In response, several organisations have since provided information and resources to support NHS providers in making informed staffing decisions. For example, the NHS Constitution (first published in 2009 and updated several times since) explicitly states that patients have the *"right to be treated with a professional standard of care, by appropriately qualified and experienced staff, in a properly approved or registered organisation that meets required levels of safety and quality"* (DHSC, 2019).

First published in 2013 and now in its third edition, this benchmark document is designed to support decision-making in practice, helping services meet safe staffing levels. It provides comprehensive benchmark statements that reflect the aspirations of British Neuroscience Nurses.

A central principle towards building safe neuroscience nursing practice is appropriate qualified and experienced staff in safe environments. This revised third edition document is important measure that encourages the development of a confident, safe, high-quality service that is culturally sensitive to neuroscience patients and their families in the UK.

It is imperative that neuroscience units utilise these statements as a resource to ensure that appropriate education, training, resources and effective staffing plans are in place- thereby securing the delivery of safe high-quality care for both patient and their families.

Dr Mary E. Braine
President of the British Association of Neuroscience Nurses

Issued: September 2025

Potential audiences for Neuroscience Benchmark Statements

This benchmark document will be useful for the following people:

- Those managing and developing neurosciences services.
- Members of other professions who may have an involvement in neuroscience services.
- Those involved in designing, approving, neuroscience education and staff development.
- Those who are responsible for delivering continuing professional development.

The Purpose of the Neuroscience Benchmark Statements

The benchmarks' main purpose is to provide a framework for safe neuroscience staffing in the UK.

These benchmarks aim to ensure that there is a consistent approach to neuroscience staffing in the UK. In addition, these benchmarks aim to ensure that those caring for neuroscience patients will be equipped with skills, knowledge and understanding to:

- Provide evidenced-based efficient high-quality neuroscience care in the UK.
- Engage in a shared vision that ensures the continuation of effective practice in neuroscience care.

Due to the level of complexity and multiple variables involved in determining the staffing numbers required per clinical area this will not be stipulated in these benchmarks.

The Development of the Benchmark Statements

The benchmark statements have been developed following consultations with BANN members and The Society of British Neurological Surgeons (SBNS).

Endorsement was gained with minor conditions, which have been considered when preparing this document. Many people have been involved in the development of this document, and we would like to take this opportunity to thank them for their continuing commitment to this important area of work.

This document has been endorsed by:

- The Royal College of Nursing.
- The Society of British Neurological Surgeons.

Supporting Statement for BANN Standards for Neurological Nurse Staffing 6 June 2013

The RCN welcomes the document Neuroscience Safe Staffing Benchmark Statements, we have constantly highlighted the need for appropriate staffing levels and skill mix in all areas of care and in particular in specialist services. The education and training of nurses who are working in neurosciences is vital to ensure that patients receive appropriate clinical support. The role of specialist nurses in supporting both patients and their colleagues is also fundamental to improved patient outcomes. The National Service Framework for Long Term Conditions made recommendations in 2010 which have still not been achieved and these standards provide clear guidance to the Commissioners of services for people with neurological conditions.

Steve Jamieson

Head of Nursing

Royal College of Nursing

Neuroscience Safe Benchmarking Statements

The delivery of high quality, safe neurosurgical services depends significantly on the expertise of specialist neuroscience nurses. Recent events in the NHS have highlighted the importance of maintaining appropriate staffing levels in our acute hospitals. The SBNS is pleased to endorse this important benchmark statement and urges all Hospital Trusts in the UK and Eire to assess their specialist neuroscience and neurosurgical nursing work force against the benchmarks.

Signed

Richard Nelson
President SBNS

September 2013

Association of British Neurologists

Anne Preece
President BANN
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Edgbaston, Birmingham
B15 2WB

15 February 2018

Dear Anne,

Thank you for giving us the opportunity to comment on British Association of Neuroscience Nurses' Neuroscience Safe Staffing document.

The Association of British Neurologist's executive committee has reviewed the Neuroscience Safe Staffing document and supports the British Association of Neuroscience Nurses' move to standardise staffing levels and increase educational provision for neuroscience nurses.

Yours sincerely

Mary M Reilly

Mary M Reilly
ABN President 2017-2019

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Statement	Rationale
Total Full Time Equivalents (FTE)	
Staffing levels need to be flexible to reflect changing needs of patients, environment and other influencing factors. Staffing levels need to be set according to the following factors: – Case mix and patient dependency. – Changing nature of the patient's severity of illness /disease, acuity levels such as ICP monitoring, number of patients with a tracheostomy and number of patients with external ventricular drains/ lumbar drains. – Patient numbers, occupancy, level of dependency and through put (unit turnover). – Registered nurses' skills and experience. – Nurse associates, skills and experience. – Availability of administrative and clerical staff. – Available resources and technology current and projected. – Satisfaction levels of patients and nursing staff, which is assessed at regular intervals. – The unit/ward location, facilities and physical environment, equipment accessibility and placement of the patient's rooms, treatment areas, nurses station. – Staffing levels that enable staff to attend appropriate training and education programmes.	Safeguarding the public and delivering high quality patient care is essential (CQC 2025, NMC 2016, NMC 2018, Francis 2013). Demonstrating sufficient staffing is one of the six essential standards that all health care providers must meet, to comply with CQC regulation and become licensed to deliver care (CQC 2025, GPIC 2022, Francis 2013). Changes in staffing levels need to be evidenced based according to patient dependency and service delivery with the ultimate objective of delivering optimum patient care (Griffiths et al. 2021). Lack of suitably trained/ skilled staff is a patient safety issue (National Reporting and Learning System, 2023, Phillips 2018, Fuller 2021, Francis, 2013). Nurse Associates provide supportive cares but due to their position on the register should not replace a RN. Administrative and clerical support should be adequate for the number of beds and the level of care provided (GPIC, 2022). The correct skill mix cannot be determined centrally by relying on statistical measure but must be tailored to the local situation. There is a need to combine the professional judgement of experienced professionals with objective workload information (NHS Modernisation Agency 2025, Griffiths et al 2021). High staff retention rates are important in maintaining a well-educated and experienced workforce while reducing the need for agency staff. The layout of beds and use of side wards in a critical care unit must be considered when setting staffing levels wards (GPICS 2022). Understaffing will put quality patient care at risk (CQC 2025, Francis, 2013).

Statement	Rationale
Total Full Time Equivalents (FTE)	
Staffing levels must be considered in achieving the expectations of the National Service Framework for Long-Term Conditions (Critical illness Rehabilitation Guidelines (NICE, 2010).	People are kept safe, and their health and welfare needs are met, because there are sufficient numbers of the right staff. (Regulation 22 The Health and Social Care Act 2008 (Regulated Activities) Regulations, 2010: CQC 2025, Hunt, 2014).
Ongoing reviews are required to ensure staffing is not static and reflects local conditions.	Staffing should not be decreased at night in the expectation that the ward or unit is quieter and less acute. (Kay 2013, Bray 2015.).
Nurse: Patient Ratio	
General Neuroscience bed 1.25 WTE Registered Nurses per bed High Dependency bed 3.5 WTE Registered Nurses per bed Intensive Care bed 7.5 WTE Registered Nurses per bed (NHS Modernization Agency, 2006).	There is currently no consensus view nor evidence on the correct number of nurses required to maintain 1:1 nursing ratio for level 3 patients and 1:2 ratios for level 2 patients (GPIC 2022).
Every neuroscience patient has a right to be nursed in an appropriate environment by nursing staff and care support staff with the appropriate level/competency/skills to meet their needs.	The higher the nurse: patient ratio the better the quality of care and the fewer the number of hospital acquired infections. (McGovern 2014). Lower nurse patient ratios are associated with more ‘excess’ deaths and an increase in workload by one patient increases the likelihood of an inpatient dying within 30 days (Clarke 2014, Bray et al. 2014, Osbourne 2016). 1:8 is the level at which care is considered to be unsafe and putting patients at risk; it is not a recommended minimum (Saville et al. 2021).
Staffing levels also need to be considered in achieving the expectations of National Service Framework for Long-Term Conditions (Critical illness Rehabilitation Guidelines (NICE, 2018).	“People are kept safe, and their health and welfare needs are met, because there are sufficient numbers of the right staff” (Regulation 22 Health and Social Care Act (Regulated Activities) Regulations 2010: CQC 2025).

Statement	Rationale
Skill Mix	
A minimum 70 / 30 skill mix of registered to un-registered staff.	The RCN's guidance on safe nurse staffing levels in the UK' recommend an overall 70 / 30 skill mix of registered to un-registered staff (RCN 2025). Higher registered nurse staffing is associated with less hospital-related mortality and reduced length of stay (Bray et al. 2014, Carthon et al. 2022) Lower patient to staff ratios has consistently better patient outcomes and high patient to staff ratio increases mortality rates by up to 25% (Hunt 2014, Aiken et al. 2014).
Indicators of Quality of Nursing Care	
Tools to assign safe staffing and plan future workforce requirements ideally should be based on an acuity and dependency tool for example: – The Safer Nursing Care Tool (SNCT) (NHS Institute for Innovation and Improvement). – Nursing Workforce Planning Tool (Skills for Health healthcare work force portal).	The *Safer Nursing Care Tool* (2013) can enable nursing teams to work out safe staffing for hospital wards by putting in information about patients' conditions (Fenton et al. 2015, Osborne 2016, Saville 2021). *Safer Nursing Care Tool* can provide information on the impact of actual staffing levels on the quality and care delivered to the monitoring of nurse sensitive indicators (NSIs) (Caron et al. 2021). Skills for health workforce planning portal can provide work force planning for neurology wards.
Clinical managers should be able to proactively manage and use expert knowledge/experience to reflect the needs of their patients.	To demonstrate the implementation and monitoring of evidence-based practice, benchmarked standards and a proactive approach to quality driven care (Skills for Health NHS Benchmarking Database).
Quality indicators should be used to benchmark/evidence a centre/unit's level of performance, and to provide a time-specific action plan with measures to inform quality-improvement initiatives.	Quality indicators provide evidence of staff needed to care for patients safely and effectively. They can be used for quality improvement, support informed policy and monitor safe practices (Griffiths 2020, 2021). Nurse-sensitive outcomes indicators reflect patient outcomes that are affected by nursing practice i.e. Nosocomial Infections (e.g. Urinary tract infections, central line catheter associated blood stream infections), patient falls, longer hospital stay, hospital-acquired pressure ulcer prevalence, safe medication administration and nursing care hours per patient.

Statement	Rationale
Indicators of Quality of Nursing Care	
	Analysis of nurse staffing levels in relation to nurse-sensitive outcomes tend to decline or increase in relation to the quality of nursing care (Saville et al. 2021).
Enhanced Supportive Care	
The aim of enhanced supportive care is to increase the level of supervision and observation of a patient to: – Observe their behaviour. – Protect the patient and others from harm. The patients' behaviour is assessed and deemed that they are at: – Risk of compromised treatment. – High risk of unpredictable behaviour. – Risk of self-harm. – risk of harm to other patients/property and/or staff. Enhanced care is undertaken by staff who are familiar with the patient and who have the requisite knowledge and skills to meet the patient's specific needs. Security and safety of the staff providing specialling duties needs to be considered e.g. bleep/walkie-talkie system, further backup arrangements and appropriate training. Staff engaged in specialling should be replaced by another member of staff to maintain the numbers and not deplete the staffing ratio.	Specialist Commissioning Guidelines for the rehabilitation of patients with brain injury (NHS 2013). Enhanced care aims to maximize patient safety and minimise risk. Enhanced care aims to provide a therapeutic approach/exchange in all interactions with the patient. This is especially important when the ward has several patients whose behaviour is deemed as challenging.
Nursing Skills	
The provision of adequate measures that enable the measures for assessment observation and safe care is available. Neuroscience patients should only be cared for by those with the requisite knowledge, skills and experience within a neuroscience care setting. Staff turnover, the use of nurse associates or agency staff who may not have the requisite skills must be factored into the skill mix.	Centres must ensure that they plan sufficient capacity (resources and bed capacity) to accommodate expected and unpredictable peaks in demand. Both adult and paediatric neurosurgical patients must not be placed on wards that are staffed by nurses who are not trained in the care of neuroscience patients (Children's Neuroscience Networks Specific Standards 2012 D11, PICS 2015).

Statement	Rationale
Education	
Relevant training and education to ensure staff are fit for practice in caring for the neuroscience patient is identified. Staff competences include specific training and education. Neuroscience services should have an education strategy that ensures that staff are not only provided opportunities to access neuroscience education but opportunities to update/maintain the currency of such education.	Tertiary neuroscience centres should be fully equipped and optimally staffed with multi-professional teams trained and competent in the management of these conditions (NHS Modernization Agency, 2025. Cc3n STEP competency framework, 2025). Educated registered nurses have a positive effect on patient outcome and reduces mortality rates (Aiken et al. 2014, Clarke 2014, Carlton 2022).
Nurses employed within the neuroscience setting caring for neurological patients must have a relevant post-qualifying qualification and have relevant experience or be undertaking education/training in the field.	A requisite level of educational achievements and experience must support nurses practising at this level (Phillips 2018, Neurosurgery Service Specification 2019, Fuller 2021)
A minimum of 75% of trained nurses will be involved in or have completed a course of study in neuroscience related care (Neurosurgery Service Specification 2019).	Staff within the High Dependency Unit (HDU) NICCU and PICU must have specialist training in the care and management of patients with high dependency/NICCU/PICU needs, as well as the neurological care of children (Children's Neuroscience Networks Specific Standards 2014, PICS 2015, Cc3N 2025).
Courses are available that meet the needs of the staff to enable the necessary knowledge and skills to nurse the neurologically impaired patient.	Inexperienced staff are more likely to cause errors or fail to observe/ recognise potential hazards (National Reporting and Learning system, 2023).
Clinical nurse specialists must be educated to the requisite academic level (MSc) and there needs to be sufficient numbers to meet the needs of the patients.	Specialist Nurse (SpN) provide a comprehensive safe and sustainable service to patients suffering neurological disease and illness (Aiken 2014, Bray et al. 2014, Carthon 2022)
Care for children and young people with neurological disorders should be carried out by Children trained nurses. There is a cohort of nurses who have training and demonstrate competency in the care of children and young people requiring neurosurgical management in the lead/specialist centres	Support and advice from staff with the relevant expertise must always be available (Children's Neuroscience Networks Specific Standards 2014). Nursing care must be provided by a dedicated team of nursing staff trained in the care of children and in paediatric neurosurgery in line with the (Children's Neuroscience Networks Specific Standards 2014).

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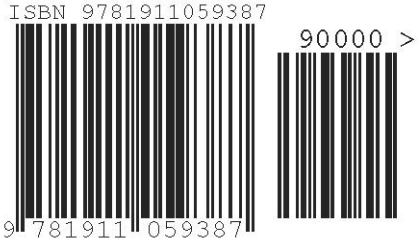

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