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Patients far more likely to die if nurses care for more than six, major study finds

New research finds patients looked after by nurses coping with more than 10 patients have death rates 20 per cent higher than those with a caseload of six

By [Laura Donnelly](http://www.telegraph.co.uk/journalists/laura-donnelly/), Health Editor

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Patients are far more likely to die if cared for by nurses looking after more than six patients, according to major research which warns of the dangers of using cheap substitute staff.

The study of 137 NHS trusts found death rates were far lower in hospitals where nurses had six or fewer patients to care for, compared with those attempting to cope with more than 10.

The research, which found four-fold differences in staffing levels across the country, found that providing increased numbers of healthcare assistants did not help.

It comes amid growing concern about short-staffing across the health service, with [**nine in 10 hospitals recently declaring staff shortages**](http://www.telegraph.co.uk/news/nhs/12060474/Fears-NHS-could-be-tipped-over-edge-with-9-out-10-hospitals-short-of-nurses.html).

Previous studies have suggested the average hospital has eight patients per nurse – rising to 15 at nights. Inspectors who visited Mid Yorkshire NHS trust last year – later branding services unsafe – found just one nurse looking after 22 patients.

Ministers have pledged to introduce a new type of nursing worker, with less training than a registered nurse, in a bid to plug shortages.

But the plans have sparked concern from nursing leaders, who have suggested that “cut price” nurses will not provide adequate help.

The new research by the University of Southampton and King’s College London examined links between numbers of nurses, doctors and healthcare assistants and patient mortality.

Detailed analysis of 31 trusts found death rates were 20 per cent lower in trusts where each registered nurse cared for an average of six or fewer inpatients than in trusts where nurses cared for 10 or more patients.

Providing more healthcare assistants instead of nurses did not prevent the rise in mortality, the study found.

Anne Marie Rafferty, Professor of Nursing Policy at King’s College, London, said: ‘This is the first study to shed light on the policy of shifting the safe staffing policy decision from nursing to that of the clinical team.

“It flags the need for caution and the dangers of simply substituting healthcare support staff for qualified nursing staff.”

Research author Dr Jane Ball, from Southampton University, said staffing decisions need to be made on the basis of patient safety, not finance.

“When determining the safety of nurse staffing on hospital wards, the level of registered nurse staffing is crucial; hospitals with higher levels of healthcare support workers have higher mortality rates.

“Patients should not be asked to pay the price of receiving care from a less skilled and less educated member of staff, just to make up for the failure of the system to ensure enough registered nurses,” she said.

Separate research shows the proportion of babies receiving one to one nursing care in neonatal intensive care has dropped sharply in four years

The study published in the Archives of Disease in Childhood journal, found the proportion of infants receiving such care fell from almost 40 per cent to less than 36 per cent between 2008 and 2012.

Every 10 percentage point in the proportion of intensive care bed days on which nursing care was provided was associated with a 0.6 per cent increase in death rates. Experts from Imperial College London, the University of Leicester, University College London and Warwick University extracted monthly data for England from the National Neonatal Research Database on babies admitted to 43 intensive care units between 2008 and 2012.