Safe staffing levels

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Staffing levels

◆ What do we know about staffing levels?

◆ What can the RCN do to support you as representatives?
What do we know about staffing levels?

Hospital staffing levels in England unsafe, say nurses

Fears for patient safety as 60,000 NHS jobs face the axe

NHS faces a potential nursing drought, study warns

Call for minimum nursing staff levels to avoid another Mid Staffordshire crisis

Hospital chiefs to consider drafting in police to help with nurse shortage

Nurses 'are losing their sense of compassion'

17 hospitals with unsafe staffing, says Care Quality Commission
How prevalent is understaffing?

- Huge variation between trusts
  - 5.2 to 10.9 patients per nurse

- Huge variation between specialties
  - 4.6 patients – children and young people
  - 9.1 patients – general medical and surgical
  - 9.2 patients – mental health
  - 11.3 patients – older people
What are nurses telling us?

NHS Staff Survey 2012

- 54% RNs and midwives did not think there were enough staff at the organisation for them to do their job properly
- 41% have felt unwell as a result of work-related stress
- 71% have come into work despite not feeling well enough to perform their duties
The impact on nursing staff

- Fatigue
- Stress
- Injuries
- Illness
- Absence
- Presenteeism
- Burnout
Compromised care

Necessary activities left undone due to lack of time:

- Comforting/talking to patients (66%)
- Educating patients and family (52%)
- Developing/updating patient care plans and pathways (46%)
- Adequate patient surveillance (34%)
- Adequate documentation of nursing care (33%)
- Oral hygiene (28%)
- Frequent changing of patient position (28%)

Source: RN4CAST Survey (2012)
The impact on patients

- Length of stay
- Mortality rates
- Complications
- Failure to rescue

- Safe staffing saves lives.
What are patients telling us?

**CQC NHS Inpatients Survey 2012**

- 17% did not get enough help with feeding
- 14% had call button answered “right away”, 17% more than five minutes and 1% never.
- 59% said there were always or nearly always enough nurses on duty, 30% said sometimes, and 11% said rarely or never.
- “The main problem with the hospital is lack of staff on the wards the nurses/doctors do a fantastic job under pressure they can’t look after all the patients with the limited staff they have.”
- Patients said they thought that staff, and nurses in particular, were overworked and that led to them “just going through the motions”, and that they were “lovely and caring” but that they “did not have enough time for you”
The Francis Report – Public Inquiry into Mid Staffordshire NHS FT

“the numbers had always been tight and declined during the period with which the Inquiry is concerned. Staffing levels were further compromised with the additional levels of sickness and absence.”

“the Trust did not have available to it reliable figures for its nursing establishment, either in theory or in practice.”

**Recommendations:**

- NICE to formulate standard procedures and practice, including evidence-based tools to determine minimum staffing numbers and skill mix requirements
- CQC responsible for policing the fundamental standards
- Trusts required to have regard to evidence based guidance and benchmarks and demonstrate that effective risk assessments take place when changes to the number or skills of staff are under consideration
Mandatory nurse staffing levels – the answer?

- Almost 90% of RCN members support them
- Currently in effect in Australia and California
- The Safe Staffing Alliance – 1 RN : 8 Patients definitely not safe
- Not a “race to the bottom”
The Government’s response

- Minimum staffing numbers and ratios risk leading to a lack of flexibility or organisations seeking to achieve staffing levels only at the minimum level
- Local NHS organisations are best placed to take responsibility for the skill mix of their workforce
- Support development of evidence-based staffing level guidance and tools by NICE
- CQC will require evidence-based tools to be used to determine staffing numbers. Board should review and publish staffing information at least twice a year.
- Aims to support ward managers to be supervisory
What now?

◆ Sleepwalking into a crisis?

  – If current trends continue, there may be a shortage of 48,000 nurses by 2016, but it could be as high as 194,00.
  – The RCN will continue to press for staffing level safeguards, and action to address the supply and demand for nursing care.
  – What can you do?

◆ But there is some hope...

  – Nursing profession coming together, working to get the public on side.
  – Ward staffing levels displayed publically
  – New Chief Inspector of Hospitals will have clear remit to inspect staffing levels
Case study

A staff nurse approaches you in your capacity as a union representative with concerns that nurse staffing levels on their ward are affecting the ability of nurses to deliver good quality care. The ward has a high staff absence rate. They have submitted incident forms on a number of occasions but little action has been taken.
Identify the issues...

- What triggered the conversation?
  - Patient safety issue?
  - Patient complaints?
  - Nurse complaints?
  - Straw that broke the camel’s back?

- How long has it been going on?

- Who is responsible for staffing and what action, if any, has been taken so far?
Staffing levels

Is the nursing work or case load appropriate?
- How many patients is each nurse typically caring for?
- How many patients per member of staff?
- How does this compare to any available recommended benchmarks?
  - E.g. RCN guidance on older people’s wards: 1 RN: 9 patients definitely unsafe, 1:7 safe (but ideally 1:5). RCN children and young people’s guidance.
- Use your judgement, based on patient acuity/dependency, is this level of staffing sustainable or is it presenting a risk to staff and patients?
- What evidence is there for this? Care left undone, hours worked etc.
Skill mix

◆ Is the skill mix appropriate?
  – What is the proportion of registered to unregistered staff (e.g. HCAs, APs)
  – RCN guidance: at least 65:35 on general acute wards, minimum 70:30 in CYP settings, minimum 50:50 in older people’s wards (ideally 65:35)
  – Above all, use your judgement: are tasks being appropriately delegated to unregistered staff?
  – Remember, not just registered/unregistered. Consider also range of experience, education and training of all staff.
Other considerations

◆ How is workforce planning undertaken?
  – Evidence-based?
  – Triangulated?
  – Regularly reviewed?
  – Does it include an uplift for absences?

◆ Does the ward manager have supervisory status?

◆ Is adequate cover in place for unplanned absence?
Progressing your case

- Taking the case to the ward manager – can they help?
- If not, you may have to escalate the case to the service director or nursing director.
Raising concerns

◆ Ask yourself:
  – Has the situation caused harm or distress or if you let the situation carry on is it likely to result in harm or distress?

◆ Escalating concerns
  – further actions locally or formally handing the case to the RCN regional office

◆ RCN Whistleblowing Hotline

◆ Care Quality Commission

◆ Hitting a brick wall? Don’t take no for an answer.
The bigger picture: Frontline First

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http://frontlinefirst.rcn.org.uk
Don’t let staffing become the elephant in the room...

Okay, that wraps up the budget for next year. Are we missing anything?
Any questions? Over to you...

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