Royal College of Nursing Briefing on amendment 139 to the Health and Social Care Bill 2011 (Committee of the Whole House)

Introduction

This briefing outlines the Royal College of Nursing’s support for amendment 139, as laid by Baroness Emerton and Lord Patel on 17th October 2011. Amendment 139 makes provision for the NHS Commissioning Board to mandate safe nursing staffing levels and the number of patients a registered nurse is designated to care for.

Amendment 139
BARONESS EMERTON
LORD PATEL

Amendment 139
Page 20, line 2, at end insert —

13 O 1 Duty as to mandated staffing ratios and levels

(1) The Board shall, in the exercise of its functions, mandate for health services, and may subject to regulations mandate for other services, the ratio of registered nurses to registered and non-registered health care support workers required at any given time by reference to any appropriate register established for workers in those services.

(2) The Board must publish a list of appropriate registers for the purposes of subsection (1).

(3) The Board must, in exercise of its functions, mandate for health services on the maximum number of patients per registered nurse.

(4) For the purposes of subsection (1) a health care support worker shall be an individual whose work is routinely delegated to them by a registered nurse or midwife or has a qualification in health and social care at level one (or higher) of the Qualifications and Credit Framework in England.

The RCN supports amendment 139 because we view safe staffing levels and enforced patient-to-staff ratios as fundamental safeguards to quality patient care. There is a growing body of evidence which shows that nurse staffing levels make a difference to patient outcomes (mortality and adverse events), patient experience, quality of care and the efficiency of care delivery. This amendment would also go some way to ensuring that nursing staff are given the protection that would allow them to work in safe environments with the right number and type of staff in place.

This amendment also provides safeguards to protect patients and staff against the negative effects of the ‘Nicholson Challenge’ to save £20bn by 2014. The RCN has found, through our ‘Frontline First’ campaign that cost cutting and short-sighted cuts are currently being made to the nursing workforce and nursing services. We have found that more than 40,000 NHS posts have already been earmarked for removal. This is despite Government rhetoric that the frontline workforce would not be affected by the efficiency drive.

The RCN is aware that some NHS Trusts are diluting the “skill mix” on wards and in other care environments. This dilution is where non-registered health care support workers are employed in the
place of a registered nurse. Health care support workers are paid significantly less, due to their comparative lack of vocational qualifications, than registered nurses and seen by employers as a cheaper option. This potentially places patient safety at risk. This amendment would go some way towards tackling the problem of dilution of the skill mix in caring environments. There is also evidence of significant local variation in skill mixes across the country. Recent research by Nursing Times\(^1\) has highlighted significant variation in skill mix levels between different hospital trusts and regions.

The RCN has repeatedly called for checks and balances to be introduced within the Health and Social Care Bill to safeguard against the potential negative consequences of competition; where quality of service becomes secondary to the cost charged.

When cost becomes the overriding factor, at the expense of quality of service, patient outcomes and even patient safety come in to danger. The most high profile recent example of this was the care failings at Mid Staffordshire NHS Trust. Sadly due to a range of factors, including financial pressures, costs were cut, nurse staffing levels were reduced, and patient safety declined.

Alongside appropriate ratios of registered to non-registered staff, it will be necessary to establish a staffing level benchmark for how many patients a registered nurse is designated to care for. There is clear evidence that patient safety falls where nurses are responsible for too many patients.

It is vital that stakeholders, including the RCN, work together with the National Commissioning Board to set appropriate staffing level and ratio standards. Part of this work will include the National Commissioning Board developing a database of existing good practice to provide evidence for the new standards. We believe that these standards should then be included in Clinical Commissioning Groups’ commissioning arrangements and that system regulators, such as Monitor and the CQC, must then take them forward in their inspection and authorisation protocols.

The RCN is seriously concerned that if the Health and Social Care Bill proceeds without this amendment, patient safety will suffer as Trusts reduce nursing posts and replace experienced nurses with more junior or untrained staff.

Over many years, the RCN has made the case for, and carried out research into, safe and effective staffing levels and patient ratios. When our members are employed in an environment where there are insufficient nurses and too many patients to care for, then the level of care able to be administered is affected. This amendment seeks to remove this possibility and guarantee nurses are able to care for patients at a safe level.

**Staffing ratios between registered nursing staff and healthcare support workers**

Tragedies, and systemic failures, such as those at Maidstone and Tunbridge Wells NHS Trust, Mid Staffordshire NHS Foundation Trust and Stoke Mandeville Hospital provide an unfortunate, but necessary, argument for this amendment. Inquiries into these care failures referred to the constant problem of understaffing and poor skill mix ratios. This had a negative impact on ward cleanliness, patient nutrition, patient safety and staff welfare. Furthermore, independent investigative bodies made clear connections between poor staffing levels, poor quality care and inadequate patient safety. Where nursing posts were cut, levels of clinical care fell and patient safety was put at risk.

The RCN has published several reports and research documents into safe staffing levels\(^2\). These advocate the use of a skill mix ratio where 65% of the staff on the acute general and surgical wards should be registered nursing staff, and no more than 35% of health care support workers. This currently serves nurses and patients well.

---


\(^2\) Cherill Scott - “Setting Safe Nurse Staffing Levels” RCN, 2003
Jim Buchan - "A Certain Ratio" RCN, 2004
"Setting Appropriate Ward Nurse Staffing Levels in NHS Acute Trusts” RCN, 2006
Jane Ball - "Guidance on Safe Nurse Staffing levels in the UK" RCN, 2010
It must be noted that the ratio does not address the other fundamental issue of how many patients a nurse should be allocated to care for. This is why the amendment makes further provision for the NHS Commissioning board to mandate best practice on this issue as well.

**Staffing levels between patient-to-registered nurse**

Highly acclaimed research, carried out by Anne Marie Rafferty of the Florence Nightingale School of Nursing and Midwifery, showed that in the UK patients with the most favourable staffing levels had consistently better outcomes. It was also shown that there was a 31% difference in mortality between hospitals where staff cared for eight patients compared to those who cared for four. Rafferty's work showed that 246 patients died because they were not in hospitals with the best nurse staffing levels.

There is international evidence that supports the relationship between increased staffing levels and improved patient outcomes. A cross national review of nursing and patient outcomes across Canadian, American, English and Scottish sites indicated that higher staffing levels led to higher levels of satisfaction with nursing care, better nurse retention and reduced reporting of nurse "burn out". A study of Finnish patient satisfaction, to assess the relationship between patient-to-registered nurse ratios and positive nursing outcomes, found that once nursing staff were caring for more than eight patients, satisfaction with the care received dropped. An RCN member survey from 2009 also showed that the likelihood of errors being made increased when nursing staff are asked to care for more patients.

This amendment calls on the NHS Commissioning Board, again alongside relevant stakeholders including the RCN, to carry out significant work to stipulate patient to registered nurse ratios across all care environments. This work should then be issued as mandatory guidance to all health care providers and employers. The RCN acknowledges the significance of this work and that there is not a 'one-size-fits-all' solution.

Care crises occur when rational approaches to workforce planning are not implemented and not prioritised. This is evident in inquiry findings into the failures at Mid Staffordshire Foundation NHS Trust, health select committee inquiries including the 2009 report on patient safety, and coroners' reports on patient safety and unnecessary mortalities. These suggest that there is an underlying failure to recognise the importance of ensuring that staffing levels are sufficient and that nurses are deployed as effectively as possible. It is therefore essential that the guidance produced is incorporated into the operational functions of Monitor and the Care Quality Commission.

The current financial context means that there is even greater risk of staffing decisions being made without a sound rational basis, but made arbitrarily in order to reduce costs and without assessing the risk to patient care.

**Different care environments**

The RCN is aware that one solution or ratio does not suit all nursing and care environments, which is why the amendment does not stipulate specific figures. We recognise the need to carry out work into the most appropriate staffing levels and ratios for each environment.

The RCN also recognises that guidance on staffing levels in some areas such as paediatric care, neonatal care and intensive care environments already exists. However, we are also aware that in many cases these staffing levels and ratios are not adhered to for a variety of reasons. We believe that in the current environment, these instances are only likely to increase, and that guidance should become mandatory. It is a key aim of this amendment to ensure that the healthcare regulators and inspectorates take this work into account and enforce the guidelines produced.

---

4 Tervo-Heikkinen T; Patient Satisfaction as a Positive Nursing Outcome Journal of Nursing Care Quality Vol 23 No 1 pp 58-65
The evidence overwhelmingly demonstrates the clear links between increased positive patient outcomes and robust staffing levels. The need for mandatory staffing levels and therefore this amendment, given the current climate of financial efficiency savings, staffing cuts, and downbanding of posts, has never been greater.

The RCN urges Members of the House of Lords to speak in support of this amendment and to vote in favour if the House is divided over this issue.

With a membership of over 410,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

If you require any further information please contact:

Sarah Lane
Parliamentary Officer
Royal College of Nursing

020 7647 3480
07900 405 511
sarah.lane@rcn.org.uk