Safe nursing staffing levels:
Protecting patients and securing the future workforce

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Staffing levels – the evidence
Safe staffing for patients and nurses

SAFE STAFFING

PATIENT SAFETY
- Lower mortality rates
- Lower hospital-acquired infection rates
- Fewer falls
- Lower failure to rescue rates
- Fewer medicine errors
- Better patient experience

NURSE SAFETY
- Lower stress levels
- Lower illness rates
- Lower absence rates
- Better morale
- Improved retention rates
- Lower burnout rates

Kane et al (2007), Aiken et al (2002) ... and many more
As workloads in hospitals increase, so does mortality...

But as nurse education increases, mortality decreases.

Aiken, Rafferty et al. (2014): increase in each nurses workload by one patient increased odds of mortality by 7%. Every 10% increase in bachelor’s degree nursing associated with 7% decrease in odds of mortality.

Source: L. Aiken, Univ. of Pennsylvania

*Adjusting for patient and hospital characteristics
Staffing levels – the evidence

Inpatient mortality rates in 118,803 English surgical patients from 30 trusts in relation to nurse staffing levels

Rafferty, Clarke, Aiken et al., in review
Staffing levels
The impact of understaffing on nursing

Onerous workloads and chaotic environments: latent conditions creating possibility of errors

L. Aiken, Univ. of Pennsylvania
Safe staffing in England
Nursing in the spotlight

Why have so many nurses stopped CARING?

Health care assistants want to be regulated

Hospitals need more compassion, not cash

Mid Staffs: 14 hospitals under investigation

CNO promises ‘relentless focus’ on safety and staffing levels

Many nurses 'feel discouraged' from raising care concerns

NHS to face chronic nurse shortage by 2016

Mid Staffordshire NHS scandal: Government accepts that student nurses need more hands-on experience

Nursing shortage drives hospitals overseas

Royal College of Nursing
The health workforce in England

- FTE change for selected staff groups, England NHS hospital and community services, May 2010 – November 2013

-12%
-10%
-8%
-6%
-4%
-2%
0%
2%
4%
6%
8%
10%

Doctors (not including others in training)
All HCHS doctors (incl locums)
Total Qualified scientific, therapeutic & technical staff
Qualified nursing, midwifery & health visiting staff
Support to doctors & nursing staff
Qualified nursing only
Total
NHS infrastructure support
Workforce planning
Warding off a crisis in supply

- A likely fall of 30,000 nurses by 2016 in England, but with growing demand, a likely shortfall of 47,500.
- Worst case scenario sees a shortfall as large as 194,000.
- A small chance of supply meeting demand, if demand falls 2010-2016.

Source: Centre for Workforce Intelligence (2013)
Workforce planning
Vacancies and international recruitment

- ‘Francis effect’ – investment in nursing but serious recruitment challenges
- RCN FoI research: in England, we found average 6% nursing vacancy rate in June 2013 (2.5% in 2010) – equivalent to around 20,000 fulltime nursing, MV and HV posts or up to 34,000 individuals
- 22% trusts recruiting from abroad with further 95 considering the possibility (esp. Spain, Portugal, Ireland)
International movement of nurses
Inflow vs outflow

- Having been a net importer 1995-2005, the UK is now a net exporter of nurses, albeit at lower levels.
- UK nurses typically migrate to Australia, Canada, USA, NZ and Ireland.
- Difficulties recruiting from local sources – can the UK rely on international recruitment again?

Source: NMC registration data
Entrants to the nursing register
International and UK

- Reliance on overseas nursing recruits peaked in 2001/2 with around 50% of registrants coming from international sources.
- Overseas nurses now make up 15%-20% of new entrants.
- This may have risen again for 2013/2014 with growing recruitment abroad.

Source: NMC registration data
During peak recruitment years, majority of international nurses came from non-EU sources.

Stricter non-EU immigration controls and stricter ethical controls on recruiting from developing countries have reduced non-EU recruitment opportunities.

Source: NMC registration data
Safe staffing in England
Mid Staffs and the Francis Report

◆ Mid Staffordshire NHS FT (2005-2008)
  – High mortality rates
  – Poor standards of care
  – Poor leadership
◆ Initial inquiries then public inquiry (chaired by Robert Francis – reported Feb 2013)
  – Serious understaffing (between 2004-2008 decreases in staff: 200 WTE/300 headcount)
  – Weak leadership and a ‘vacuum’
  – Little in-service training
  – Incident reporting (approximately one third staffing related)
Safe staffing in England
The response to the Francis Report

- Francis, Keogh and Berwick all highlighted importance of staffing levels and patient safety
- Gov response: no nurse to patient ratios but:
  - Trusts to publish staffing levels
  - Regular workforce reviews
  - NQB safe staffing guidance
  - Stronger staffing level inspections by CQC
  - NICE commissioned to produce guidance and validate workforce planning tools – acute adult inpatients work due July 2014 (but then the harder projects start!)
- Safe Staffing Alliance – a coalition of nurse leaders, nursing organisations and patient institutions
  - ‘never more than 8 patients to one nurse
What is the RCN doing?
Policy and professional work

◆ RCN policy position
  – A mandatory legislated requirement for safe staffing
  – The mandatory use of validated workforce planning tools
  – Robust systems of review supported by reliable workforce data
  – An end to boom and bust nursing workforce planning
  – Investment in the current nursing workforce

◆ Professional work
  – Safe staffing guidance, guidelines for acute care, children and young people’s settings and older people’s wards
  – Working with the Gov and NICE to produce workforce planning tools and ensure CQC focuses on staffing
  – Working with HEE to ensure the future workforce has the right numbers and skills for tomorrow’s patients
Thank you – any questions?

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