Nurse Staffing & Skill Mix

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Safe Staffing: Nursing Staffing and Skill mix
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Why is safe staffing so important?
Right numbers = Safe patients, safe 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 (2014) ... and many more
The evidence for safe staffing
Mortality rates and care left undone

- Aiken et al. (Lancet, 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.

- Ausserhofer et al. (BMJ Qual Saf, 2014): RN4Cast data – worse nurse to patient ratios led to more care reported left undone. Most frequent activities left undone include:
  - ‘Comfort/talk with patients’ (53%)
  - ‘Developing or updating nursing care plans/care pathways’ (42%)
  - ‘Educating patients and families’ (41%)
A lawyer, a doctor and a politician walk into a bar...

- **Francis** – “the decline in skills and standards [at Mid Staffordshire] was associated with **inadequate staffing levels and skills**, and a lack of effective leadership and support”
- “Trust did not have **reliable figures** for its nursing establishments, either in theory or in practice”

- **Keogh** – “inadequate numbers of nursing staff in a number of ward areas, particularly out of hours - at **night and at the weekend**...compounded by an **over-reliance on unregistered support** staff and temporary staff
- “**reported data did not provide a true picture of the numbers of staff actually working on the wards**”

- **Berwick** – “Government, Health Education England and NHS England should assure that sufficient staff are available to meet the NHS’s needs now and in the future.”
- “Staffing levels should be consistent with the scientific evidence on safe staffing, adjusted to **patient acuity** and the local context. (This includes, but is not limited to, **nurse-to-patient staffing ratios**, skill mixes..., and **doctor-to-bed ratios**.)”
Staffing levels

- Gov response: no nurse to patient ratios but NQB report and CNO letter;
  - Board updates + to review every 6 months
  - Trusts display staffing info present + planned
  - Trust website + NHS Choices
  - Fill rate but awaiting RAG rating
  - NICE guidance and validate workforce planning tools
  - Record red flags

- Safe Staffing Alliance; ‘never more than 8’

- CQC Essential Standard; sufficient, skilled and deployed

- Evidence for safe staffing continues to grow: every extra patient added to a nurse’s workload associated with 7% increase in mortality odds for inpatients (Aiken, Rafferty et al., 2014)

- Care Left Undone; Comfort/Talk/Educate (BMJ Qual Saf, 2014)
Safe staffing - the policy questions?

Data and transparency – but is it meaningful?

Ratios

NICE guidelines

Mandated levels

Staffing levels displayed on the ward

The role of the regulator

NHS Choices website

CQC

Board level reporting
The bigger picture
Renewed recruitment – The ‘Francis effect’

FTE Qualified nursing, midwifery and health visiting staff, NHS hospital and community services, May 2010 – Sept 2014 (HSCIC, 2014)
But challenges remain....

Getting it right for every setting

% change since May 2010

FTE qualified nursing, midwifery and HV staff, NHS hospital and community services, May 2010- Sept 2014 (HSCIC, 2014)
Turning back the clock on mental health services?

- Increase in demand, admissions & detentions
- Loss of inpatient beds and outreach services in the community
- 4,000 less mental health nurses than in 2010
Getting skill mix right

Loss of specialist nursing skills and leadership

- Francis effect will not be enough to reverse significant skill mix dilution with the loss and devaluation of senior specialist and leadership roles.

Around 3,300 band 7 and 8 nurses lost since 2010.
Warding off a critical shortage of nurses?

- HEE commissions - adult nursing up 4.2%, mental health nursing up 3.2% (100 places) and learning disability nurses up just 1.7% (11 places).
- Return to practice programmes
- International recruitment: 45% trusts actively recruited outside UK in last year, inc. Spain, Portugal & Ireland (HEE and NHS Employers)
  - But shortage of 590,000 nurses across EU predicted by 2020
  - International labour market also attracts UK nurses abroad – US, Aus, NZ

**HOWEVER...**

- Despite renewed recruitment, NHS Employers and HEE recently found 10% nursing vacancy rate. RCN estimates around 20,000 full time vacant posts.
- Some Trusts reporting problems retaining nurses from the EU
- NHS has spent £2bn on agency staff since 2010/11 (Sky News)
- Demand ever increasing – population growth, aging population, LTCs, obesity etc.
- Named GP for all
- 7 day access to GP services
- 5,000 more GPs
- £2bn by 2015/16

- £1bn more than Gov
- £8bn by 2020/21
- Targets for mental health

- £2.5bn more for health and social care
- 36,000 extra health professionals incl 20k nurses
General election – NHS

- Five Year Forward View
- A&E pressures
- 7 day working
- Overseas nurses
- Public sector pay
- Health and social care integration
- Acute to community shift
The future...

- Right numbers
- Right skills
- Right place
- Right incentives
Thank you – any questions?

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