Implementation & impact of policies for safe staffing in acute hospitals: a mixed methods study

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SAFE STAFFING IN ACUTE NHS TRUSTS

A study of the Implementation of policy introduced in England after the Francis Inquiry

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Safe staffing - what do we mean?

Legally set staffing limits to provide care safely

➤ 1 childminder: X children (<8 yrs)

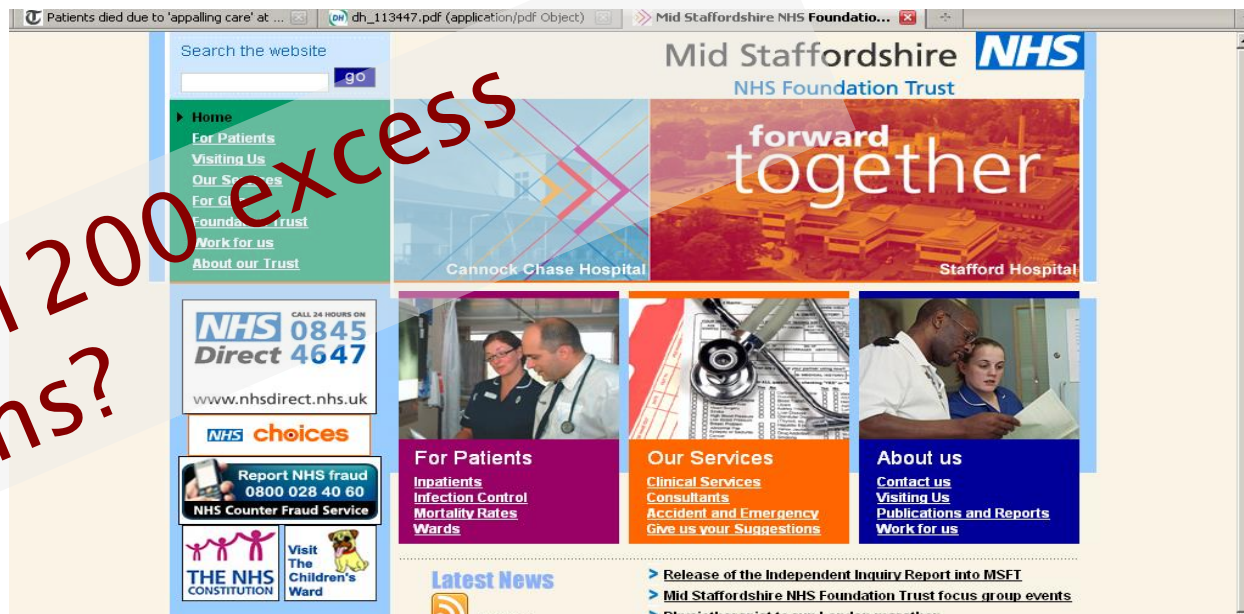➤ 1 Nurses (RNs): Y patients

How many patients per RN is safe?

NHS 'crisis' - care quality & safety

- 400-1,200 more deaths than expected; patient neglect

- Why?

  -> Independent Inquiry 2010-2013 (Sir Robert Francis QC)

400 -1200 excess deaths?

POLICY / CONTEXT PRE-FRANCIS

NO national policy on
nurse staffing guidance

Decisions on staffing
made at a local level

" So much of what goes wrong in our
hospitals is likely, and indeed it was,
in many regards, the case in Stafford,
due to there being **inadequate numbers of
staff**, either in terms of numbers or skills "

Sir Robert Francis, 2013

POLICY RESPONSE TO THE FRANCIS INQUIRY (2013)

'Patients First and Foremost'
Department of Health 2013

National Quality Board

Principles Trusts expected to use to plan staffing

NICE Guidelines

Guidelines - safe staffing for adult acute wards
1:8 is warning level

Data Transparency

- Wards to display RN numbers
- Hospitals to publish RN staffing data

Safer Nursing Care Tool

Tool Endorsed by NICE to plan ward nursing numbers

SAFE STAFFING
POLICY IMPLEMENTATION IN THE NHS

THE RESEARCH

Q1. How have safe staffing policies been implemented?

Q2. What impact have the policies had?

national survey	analysis of national data	four case studies	realist evaluation

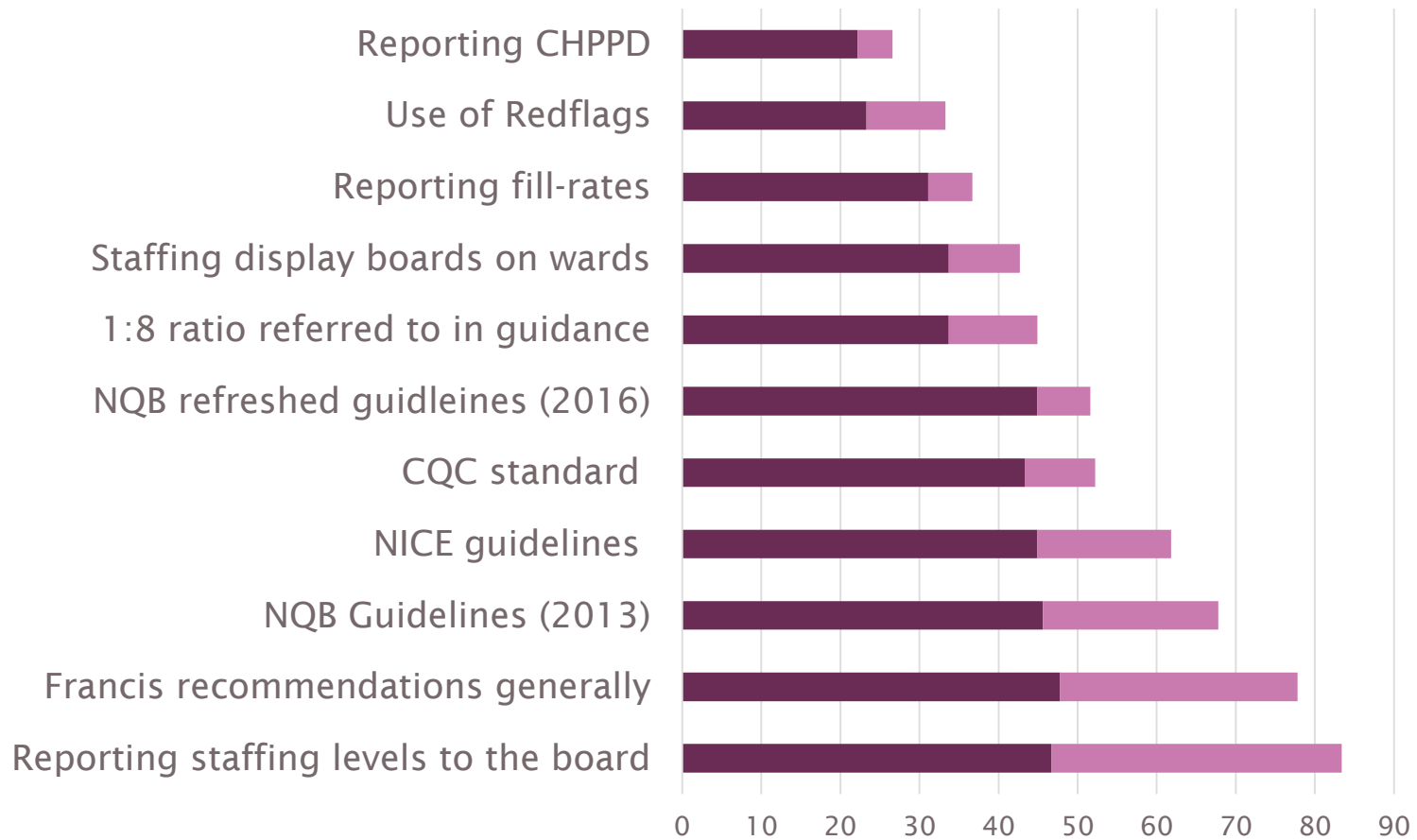# THE IMPACT

Increase in Registered Nurses and HCAs since 2012

Better systems for planning in Trusts Use of SNCT and electronic rostering Staffing reviewed every 6 months at least

74%

Directors of Nursing say Board support for nursing workforce has improved

94%

Board awareness of staffing as an issue has improved

Percentage that report policies as having been helpful/very helpful in achieving safe staffing

Reporting CHPPD
Use of Redflags
Reporting fill-rates
Staffing display boards on wards
1:8 ratio referred to in guidance
NQB refreshed guidleines (2016)
CQC standard
NICE guidelines
NQB Guidelines (2013)
Francis recommendations generally
Reporting staffing levels to the board

0 10 20 30 40 50 60 70 80 90

Patient numbers
also increased; no net
increase in RN staffing
per patient

Vacancies biggest
barrier; 10% RN posts
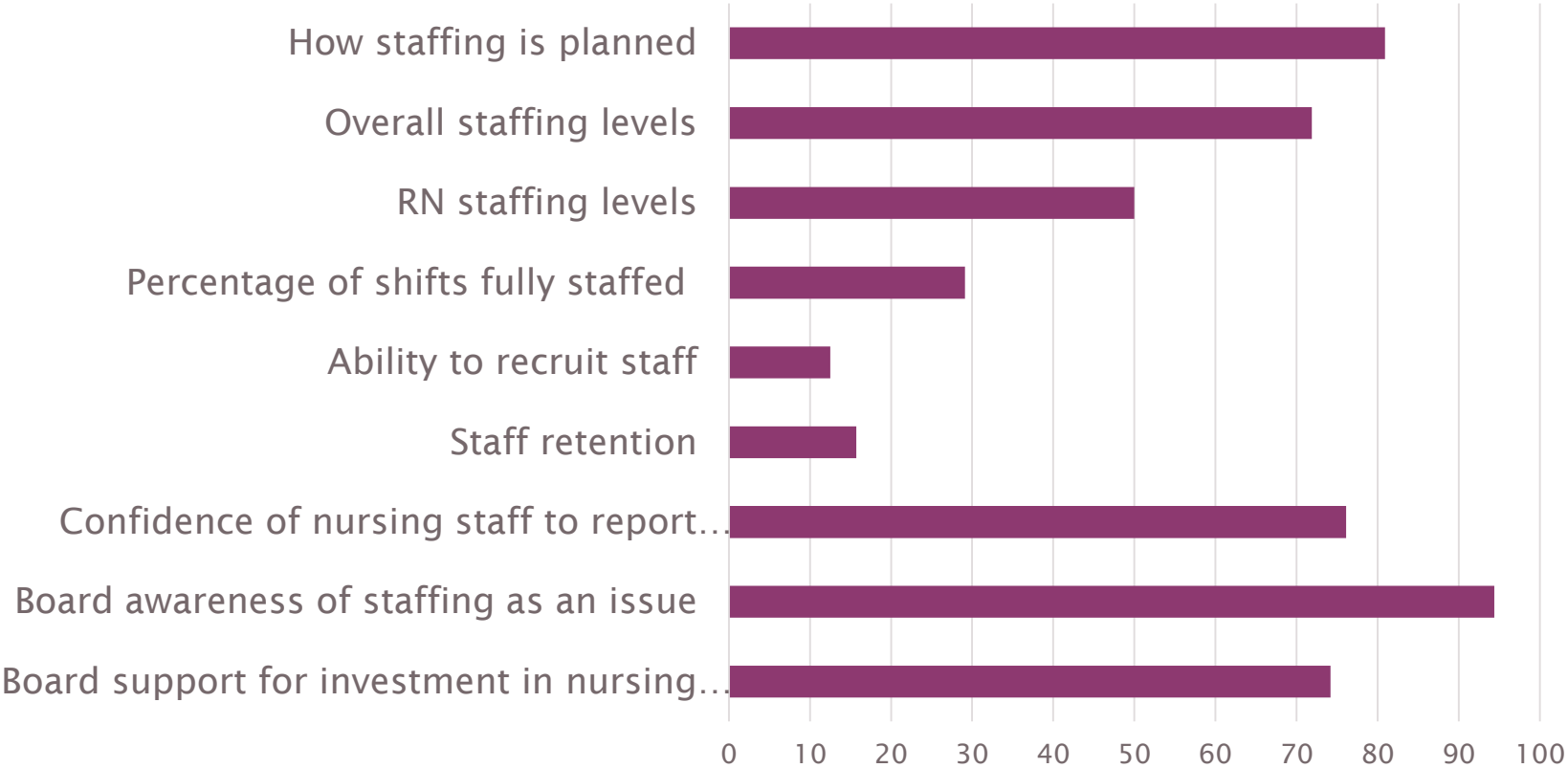vacant due to lack
of Registered Nurses

Data not captured in
a way that allows
ward staffing levels
to be assessed

1 in 4 Trusts routinely have 1:8 RNs:Pts

1:8 is the nurse staffing level NICE clinical guideline (2014)
identified as being associated with increase risk of harm
to patients - which should prompt review

Aspects of nurse staffing that Directors of Nursing report have **got better since the Francis Inquiry** (n=89)

How staffing is planned	
Overall staffing levels	
RN staffing levels	
Percentage of shifts fully staffed	
Ability to recruit staff	
Staff retention	
Confidence of nursing staff to report…	
Board awareness of staffing as an issue	
Board support for investment in nursing…	

0   10   20   30   40   50   60   70   80   90   100

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" We've got a virtual storm of financial pressures, increased demand, difficulties finding staffing, and pressure on the service to continue delivering "

Sir Robert Francis, 2017

STUDY CONCLUSION

"Safe staffing policy led by the Department of Health was not matched by Treasury commitments and national workforce plans, **leaving NHS Trusts with the responsibility for safe staffing, but without sufficient RNs to deliver it**."

Policies need checks & balances

"Many inquiries have delivered valuable legislative and institutional change… in some cases they have had a profound effect on behaviours and attitudes…. But overall, the formal checks and procedures we have in place to ensure that public inquiries lead to change are inadequate."

Norris and Shepheard (2017)

YOUR QUESTIONS

Study info page, full report & summary: http://tinyurl.com/UoS-Safe

Questions/discussion via Twitter: @JaneEBall