

BRIEFING: Patient Safety, Adjournment Debate – Wednesday 28th March 2018.

- The issues focused on in this briefing pose the most immediate risk to patient safety across all health and care settings.
- Nurse staffing is absolutely critical for patient safety. Without the right professionals, with the right skills, in the right place at the right time, delivering the high quality care patients deserve, patient outcomes and safety may be compromised.
- Inadequate staffing is having a detrimental impact on the health and wellbeing of patients and nursing staff alike. Nurses feel professionally compromised that they cannot provide nursing care that patients require. We know that when there are not enough nurses, patient safety is put at risk.
- Nursing staff work across the patient journey, from diagnosis to discharge and deliver full episodes of care to the patient. Increasingly, nurses are diagnosing, prescribing and leading multidisciplinary teams, driving quality improvement, service design and commissioning. The pressures facing this profession can no longer be ignored.

1. Staffing levels for safe and effective care: the need for legislation in England and Northern Ireland

There is a shortage of registered nurses across the UK. In the UK in 2017, for the first time in a decade, more nurses left the profession than were joining the register.¹ **The latest available data from NHS Improvement shows that at in December 2017, the NHS in England had a total of 35, 835 registered nurse vacancies. Of these vacancies, 26,276 were in acute care settings.** The Care Quality Commission has raised safety concerns relating to nursing shortages.²

Research has shown that nursing care contributes to notable decreases in hospital readmission¹ and improved delivery of quality care.³ When sufficient numbers of registered nurses are present, mortality rates reduce, quality improves and patients report better overall satisfaction.⁴

To ensure safe, effective and efficient service provision, employers of the health care workforce must consider the right mix of staff and the skills they require. There is no one nurse to patient ratio that can account for all circumstances across all settings. Patient to nurse ratios do not account for the skill mix or qualification of the healthcare professionals on shift, and the complex needs of the patients.

Instead, staffing levels should be determined using a triangulated approach between professional judgement, professional guidance and workforce planning tools. Across the four

¹ Nursing and Midwifery Council, "New figures show an increase in numbers of nurses and midwives leaving the professions", July 2017. Available [here](#).

² House of Commons Health Select Committee, *The nursing workforce, second report of session 2017-2019*, January 2018. Accessed March 2018. Available [here](#).

³ Lasater K, McHugh M, *International Journal for Quality in Health Care, Nurse staffing and the work environment linked to readmissions among older adults following elective total hip and knee replacement*, Volume 28, Issue 2, 1 April 2016. Accessed October 2017. Available [here](#).

⁴ Aiken LH, Sloane D, Griffiths P, *British Medical Journal Quality and Safety, Nursing skill mix in European hospitals: cross-sectional study of the association with mortality, patient ratings, and quality of care*, Accessed September 2017. Available [here](#).

countries of the UK, it remains unclear as to who is responsible for developing workforce strategy and commissioning pre and post-registration education.

The Nurse Staffing Levels (Wales) Act became law in 2016, with a phased implementation. Its purpose is to ensure NHS organisations are providing sufficient nurses to allow sensitive care for patients. This is the first time in any part of the UK that the NHS has legislation that focuses legal accountability for the delivery of safe nursing care. It takes into account numbers of qualified nursing staff, the ratio of registered nurses and support staff and the skill mix.

The Scottish Government is developing a bill on safe staffing, expected later in 2018. The RCN are calling for legislation in England and Northern Ireland, so that there is political accountability for nursing levels, and, credible and robust workforce strategies are mandated in law.

This needs to be remedied through legislation for provision of safe and effective staffing in England and Northern Ireland. Such legislation would clarify accountability politically, nationally and locally for:

- A credible and robust workforce strategy across health and care
- Adequate funding for provision of this workforce (above and beyond existing service envelope)
- Total transparency in data definition, collection, monitoring and reporting, irrespective of provider and setting

2. *Facing the Facts, Shaping the Future – a draft health and care workforce strategy for England to 2027*

In December 2016, Health Education England (HEE) published the first draft workforce strategy for health and social care in England, setting out principles for the recruitment, retention and skills mix of healthcare professionals for the next ten years.⁵ Despite the publication of this draft strategy, there remains a clear lack of oversight, strategic planning and accountability for nursing workforce supply across the UK. The HEE strategy simply does not go far enough to put in place firm and innovative plans, with metrics for success, to secure the existing and future workforce that will meet predicated patient need.

The current draft strategy focuses almost exclusively on the NHS. Yet, increasing numbers of nurses do not work in the NHS. It therefore only captures a small part of the picture and which will significantly affect the success of a strategy. This strategy should be designed for the health and care workforce, together.

The strategy should be supported by primary legislation which clarifies Government, national and local accountability for nurse staffing for safe and effective care in all health and care services. This is fundamentally critical for patient safety. While legislation won't alone fix the extent of the demand and supply problem in the workforce, there is a need for law on staffing for safe and effective care for ensuring the right nursing staff, with the right skills, are in the right place at the right time in Government-funded and taxpayer-funded services. This includes clarifying accountability and responsibility for workforce strategy, policy, planning and funding at every level – including Ministerial ownership, as well as national agencies and any provider of services.

3. *Brexit; potential impact on patient outcomes*

One of our key priorities for the UK's withdrawal from the EU is to ensure there is sufficient nurse staffing levels to provide safe and effective care across health and care settings. Retaining EU health and care workers already here is especially vital because the domestic nursing workforce is in crisis, putting patient outcomes may be compromised.

⁵ Health Education England, *Facing the Facts, Shaping the Future – a draft health and care workforce strategy for England to 2027*, December 2016. Accessed March 2018. Available [here](#).

Uncertainty of status for overseas nurses now adds a dimension of complexity and risk to patient safety, as the UK withdraws from the EU. This lack of certainty is undoubtedly a key reason that EU nurses are no longer choosing work in the UK, which is already putting pressure on staff and services. In July 2017 the number of new EU nationals joining the NMC register was less than 6% (71 individuals) of what it was in July 2016 (1,304 individuals).⁶

The contribution of EU nursing staff cannot be taken for granted as workforce shortages continue to cause an overreliance on nursing staff from the EU. In 2017, **86% of nurse leaders said that recruiting nurses from the EU was currently essential for the proper functioning of health services across the UK and 59% stated that they have recruited non-UK international nurses in order to fill staffing gaps.**⁷ EU nursing staff make a vital and comprehensive contribution to delivering patient care. Without them here to provide the skills mix we need, our health services will be unsafe.

We recognise the Government's announcement to offer settled status to EU citizens, but this policy and its implementation remains unclear. The Home Affairs Committee's latest report, on Brexit and Immigration, is right to say that simply extending the current immigration system will not address its shortcomings - prioritising visas based on salary levels fails to recognise the benefits of international nurses to our society and economy.⁸ The Government must be louder and clearer in reassuring the tens of thousands of EU nurses and carers working across the UK – not just on their right to stay but how desperately the NHS and social care system needs them.

The UK's withdrawal from the EU must not be allowed to negatively impact patient outcomes, or the NHS and social care system's ability to staff services safely.

About the Royal College of Nursing

The Royal College of Nursing is a professional body and trade union representing over 430,000 registered nurses, midwives, nursing students, health care assistants and nurse cadets. Our members work in a variety of hospital and community settings in the NHS and independent sector.

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⁶ Royal College of Nursing, Freedom of Information request to the Nursing and Midwifery Council on new entrants to the nursing and midwifery register, September 2017

⁷ Royal College of Nursing, *Safe & Effective Staffing: nursing against the odds*, September 2017. Available [here](#).

⁸ House of Commons Home Affairs Select Committee, *Home Office Delivery of Brexit: Immigration*, 2017-19. Available [here](#).