Royal College of Nursing

Safe and Effective Staffing: Nursing Against the Odds

UK POLICY REPORT

> **Staffing levels**, skill mix, sickness, unprecedented demands, **patient numbers**, lack of resources and capacity have left me **fearing** for a **profession** I once **loved.**

Royal College of Nursing

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Significant thanks to the RCN UK Safe and Effective Staffing Group who have led this work. They are identified in Appendix 4.

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Foreword

The debate around health and care staffing can at times feel at risk of stagnation. The professions warn about falling numbers; the governments find a new way to present the figures; the experts raise unprecedented safety concerns; again governments say it is under control. These conflicting messages can leave the public and the profession more than a little confused.

But when thirty thousand professionals give you an account of their own last shift, they cannot be overlooked. These are personal experiences – too often desperately sad – and their truth will have its own power in driving the debate forward.

Over half told us that their shift was not staffed to the level planned and that care was compromised. One-third report having to leave elements of patient care undone due to a lack of time, while two-thirds are working extra time – on average another hour per shift, for which they are hardly ever paid.

This report adds these figures to the growing expert evidence, but we expect the use of testimonies will have equal impact on policy-makers, regulators and academics.

It is the personal details in these accounts that matter. They range from the seemingly minor complaints of missed tea breaks – a situation I remember well – to those saying that some patients are no longer afforded enough dignity, even dying alone.

One nurse told us they drove home "sobbing" at how the shortage of staff was impacting on the care their patients were getting. Another nurse, a single mum, said she feels she doesn't have the energy after the late-running shift to support her son as he starts secondary school. Others told us about colleagues who have burned out and have become sick themselves, unable to come to work; many question their future in nursing and are contemplating leaving the profession. Large numbers said they had raised concerns about the impact of the staff shortage on patients or their discomfort at handing over to junior staff, only to feel ignored.

Survey response number 9,504 put the need for fixed staffing levels most clearly. The nurse, who works in a mental health setting, said her last shift had been a one-off – it was fully-staffed and the difference to patient care and morale had been "immeasurable".

On the back of this work and all the studies that support it, the Royal College of Nursing wants to see – enshrined in law – guarantees on safe and effective nurse staffing in each country of the UK. The ambiguity and uncertainty that exists for our nurses and patients cannot continue. A good day should not be a rare or chance event.

Legislation alone will not improve patient safety but it would give clear accountability and responsibility for workforce strategy, policy and planning. Ministers across the UK must have responsibility for it if patient safety is to receive the prominence it deserves. But they must also increase the funding so that health and care services can meet the real demand and nurses' pay can be increased to keep people feeling valued and in post.

Political leaders, policymakers and employers who read this report will get a genuine frontline perspective from the people they can ill-afford to lose. Their voices punctuate every page and, if heard, they will frame the policy debate that follows.

Janet Davies
RCN Chief Executive & General Secretary

> **"Today was an unusual occasion to be fully staffed, but the difference it makes to patient care and morale is immeasurable. In contrast, the week before I worked a 15.25-hour shift, having to stay late with no break in a different mental health unit. I left exhausted, upset that I could not offer more to patients due to workload and unsure of how long working at this pace was sustainable. Sadly, days like these are far too common."**
>
> Mental health nurse

Executive summary

Having the right number of appropriately qualified, competent and experienced nurses protects both the public and the nursing profession. The right number of registered nurses leads to improved patient outcomes, reduced mortality rates and increased productivity. But insufficient numbers of registered nurses has potentially life-threatening consequences for patients – and when care is left "undone" there is a greater risk of death. Yet despite decades of research there is clear evidence of a shortage of registered nurses in the UK. This is mostly down to factors that could – and should – have been anticipated and addressed by policymakers.

For the first time in years there are now more nurses and midwives leaving the NMC register than joining. The impact of the EU referendum appears to be driving EEA nationals away. UK-trained nurses and midwives are also leaving the register, before retirement.

One in three nurses are due to retire within the next ten years. International recruitment is plateauing, and there are significant unresolved challenges in recruiting and retaining a domestically trained workforce. Without urgent action by policymakers, these combined factors pose a significant risk of sustained long-term decline in the supply of registered nurses. The implications for patient safety and patients' experiences are extremely worrying.

This report provides further evidence of the shortage of registered nurses, and describes the impact this is having on patient care and on nursing staff.

The Royal College of Nursing (RCN) is calling for legislation in each UK country that guarantees safe and effective staffing levels, for all providers across health and care settings.

Following the publication of our report Safe and Effective Staffing - the Real Picture in May 2017, we launched a survey of nursing and midwifery staff in the UK. We asked people about their last shift or day worked in health or social care. In just two weeks we received over 30,000 responses. The message was clear and unified: when there is a shortfall of staff, patient care suffers.

Nursing staff describe harrowing experiences at work. They say that safe and effective staffing is the exception, not the rule. They describe a lack of staffing actively preventing them from doing work they love, to the standard patients, families and carers deserve. They report that they are regularly working additional unplanned time, usually unpaid. It is clear that our health and care workforce are personally and professionally plugging the gap between missing staff and the demand for care, because of factors beyond their control.

In 2009, the proportion of registered nurses within the nursing team in adult general wards was 62% – it is now at 58%. Having more support staff does not safely or adequately compensate for having too few nurses in terms of quality, outcomes or mortality rates.

Our findings show that the majority of shifts reported were short of staff and, more often than not, nursing staff stated that care was compromised. In some circumstances, poor staffing levels meant that staff had to leave necessary care undone.

The vast majority of shifts (96%) captured in this survey were worked during May 2017. This suggests that the pressures we have come to expect in winter are now experienced in most health and care services throughout the year.

> **"I was supposed to finish at 19.15pm to collect my son. I did not finish until 19.55pm so I was late. I was mentally and physically exhausted and unable to engage with my family when I got home. Relationships were strained again because my family believe that I always put work first, which I do. I could not sleep due to the worry of not meeting all the care demands and feeling that I've failed my patients, colleagues and now my family. I cried all the way home."**
>
> Adult acute nurse

Key findings in our new survey data are that:

- 55% of respondents reported a shortfall in planned staffing of one or more registered nurses on their last shift (58% for NHS providers and 25% for independent providers)
- 41% of all shifts were short of one or more health care support workers
- 20% of the registered nurses across the 30,000 shifts were temporary staff. 28% of health care support workers were temporary staff
- the skill mix of the nursing workforce (proportion of registered to non-registered nurses) in acute settings has been diluted over the past seven years
- 36% of all respondents said that due to a lack of time they had to leave necessary patient care undone
- over half (53%) said care was compromised on their last shift
- 53% felt "upset/sad" that they could not provide the level of care they wanted
- 44% said no action was taken when they raised concerns about staffing levels
- 65% of all respondents said they worked additional time, on average almost one hour extra (53 minutes)
- 93% of nursing staff who worked extra unplanned time for NHS providers were not paid for this. For non-NHS providers, the figure is 76%
- based on our survey findings, our conservative estimate is that the additional unpaid time worked by registered nurses in the NHS across the UK equates to £396 million annually.

Our findings demonstrate the damaging impact policy decisions are having on patients and nursing staff. Governments across the UK should be making every effort to retain the existing workforce and recruit new skilled workers.

> **"I always go above and beyond for my patients – we all do as nurses – but that is to the detriment of myself, minimal breaks, not drinking enough fluid, holding on for the toilet. Even doing this I don't feel I have enough time for my patients. I was trained to provide holistic care, and often, because of the pressures we face, we are not able to do that."**
>
> Practice nurse

Nursing voices are united in saying that too often poor staffing levels are preventing nursing staff from doing the work they joined the profession to do. Patients and nursing staff are suffering the consequences of a lack of clarity about accountability for workforce planning – politically, nationally and locally. The boards of all health and social care providers have a duty to ensure patient safety and should provide assurance to the public that services are safe. Governments must respond when health and care workers say that patients are being let down and that they are at risk of harm – the time has come for nurse staffing law.

The RCN calls on providers of health and care services across the UK to urgently review nurse staffing levels and assure their boards that services are safe for patients.

1. What is safe and effective staffing?

Appropriate nursing staffing levels are critical to the delivery of safe and effective care. The planning and delivery of safe and effective care is complex, and is dependent on the constantly changing circumstances of patients' diagnosis and treatment when they access any type of health and care service. When we refer to "safe and effective staffing", we mean that health and care services have:

- the right numbers
- with the right skills
- in the right place
- at the right time.

Having the right number of appropriately qualified, competent and experienced nurses protects the public and nursing alike. The evidence is clear: sufficient numbers of registered nurses lead to improved patient outcomes, reduced mortality rates and increased productivity. A range of studies clearly warn that diluting the skill mix by increasing the proportion of health care support workers has potentially life-threatening consequences for patients.

In May 2017, we published Safe and Effective Staffing – the Real Picture. The report explored the many interdependent factors driving the ongoing nursing shortage impacting domestic and international workforce supply. These include short-sighted cost-control measures, including recruitment freezes, cuts to nurse student commissions and reduced post-registration education programmes. A global shortage of nursing staff has reduced the supply of nurses from overseas, as has the UK's decision to leave the EU.

> **"I work hard to provide a high standard of care; however, when I can't do my job due to staffing issues, I feel my profession is being undervalued. I expect to provide exceptional care every day, not just sometimes. All my patients deserve the best care I can provide; unfortunately this is not always the case, which is something I struggle with."**
>
> Older people's nurse

We set out a range of areas which need attention from all UK governments so that systemic issues contributing to the nursing staff shortage at national levels can be properly addressed:

- legislation for the accountable provision of staffing levels
- increased funding with political accountability for safe staffing of health and care services
- credible and robust workforce strategies
- scrutiny, transparency, openness and accountability.

To emphasise the sheer scale of the nursing shortage across the UK we demonstrated how the number of vacancies across the UK has risen in the past three years, with our research showing 40,000 nursing vacancies in the NHS in England alone.

Following our report, the NMC published data showing that there are now more nurses and midwives leaving the register than joining, leading to a reduction in the number of nurses and midwives registered to work in the UK. The data also shows that the number leaving the register under retirement age has increased. When considering people who did not cite reitrement as their reason for leaving, the NMC data showed the average age of leaving the register has fallen from 55 in 2013 to 51 in 2017. For these respondents, "Working conditions – for example, staffing levels, workload" was the top reason for leaving the profession.

Alongside the challenge of insufficient numbers of registered nurses in the UK labour market, this report shows the very real, day-to-day struggle of ensuring there are enough nursing

staff on each shift to provide safe and effective care. We wanted to reflect the lived experience of nurses and health care support workers, which illustrates the real impact of the national shortage at a local level.

Our survey of nursing staff

In May 2017, we asked nursing and midwifery staff across the UK to tell us about the experience of staffing during their last day or night at work. For ease, throughout the report we refer to this as "last shift", whilst recognising that this term is not used across all the different places where nursing and midwifery staff work.

The survey aimed to cover all health and care settings, and the call was made to those working in and outside the NHS. Unless stated otherwise, our findings are inclusive of all shifts and as a result cover the whole of the UK and all clinical settings and types of providers, the NHS and primary care and other providers including care homes, prisons, hospices, independent providers and charities. A detailed breakdown of respondents can be found in Appendix 1.

We had over 30,000 responses to the survey, providing us with insight into staff experiences and staffing levels for over 30,000 shifts in the UK. A full methodology can be found in Appendix 1.

As well as providing a crucial insight into local staffing levels across 30,000 shifts, our findings provide a strong voice from nursing staff, clearly describing the impact that poor staffing has on both patient care and their own wellbeing.

Throughout the report we include some of the experiences and stories shared with us via the survey. A wider selection can be found in Appendix 3. Some of the stories are stark and include moving descriptions of profoundly difficult personal experiences which illustrate the consequences of understaffing. We intend to develop our understanding of the experiences described, through further engagement with our members and the public.

> **"I feel like I'm spinning plates, except the plates are patients – that to me is the worst feeling. A feeling of having no control. Going from crisis to crisis continuously is so incredibly stressful. Frontline staff feel like they are working on a battlefield; we don't know who to go to first. We are constantly having to prioritise, but some patients need your help just as urgently as the next.**
>
> **Frontline nurses are moved around different wards, which is also very stressful. We can start a shift with an acceptable amount of staff but we are always moved to other wards. So we go from having 8 patients to working on a ward we are unfamiliar with, often with 12 or more patients. Something big has to change or I'm leaving – or may not even go back for my next shift. I am, as so many are, at breaking point."**
>
> Adult acute nurse

2. The impact of staffing levels on patient care

The survey data from over 30,000 shifts shows that a shortfall in planned staffing levels is present across the UK, and spans the full range of clinical settings and providers – both NHS and non-NHS.

Across the UK, 55% of respondents reported that there was a shortfall of one or more registered nurses on their last shift. A quarter of staff in non-NHS providers reported a shortfall, compared to 58% in NHS services.

Survey respondents also reported a shortfall in health care support workers, with 41% of all shifts being short of one or more health care support workers.

In addition to asking nursing staff about the staffing levels on their last shift, we also asked them several questions about the quality of care that was provided. Only 40% of respondents said they were able to provide the quality of care they would like to receive as a patient; 42% said they were not able to provide this.

When rating the overall quality of care across all health and care settings; 68% of respondents said that the quality of care on their last shift was good or very good. 23% said it was neither good nor poor and 9% said it was poor or very poor.

There was no difference in the rating of quality between NHS and non-NHS services.

> **"I drove home from work sobbing today, knowing that the patients that I cared for did not get even a fraction of the level of care that I would consider "acceptable". I would be devastated if my family or friends were in the hospital I work in, as there are just not enough staff to go around and whilst we do our best, it's not enough."**
>
> Registered nurse

However, there was significant variation in how respondents rated the quality of care on their shift by clinical setting.

Broadly, those working across the range of services in the community rated the quality of care more highly than those working across hospital settings such as adult acute inpatient health wards, A&E, older people's wards and inpatient mental health services. In 14% of A&E shifts, quality of care was rated as poor or very poor. It is worth noting that 96% of the shifts reported took place in May, not during winter months when demand is greater.

Figure 1: Average number of patients per one registered nurse by quality of care

Respondents who worked in services such as intensive care/high dependency units, neonatal, theatre and outpatients rated the quality of care more highly, with at least 80% of the nurses in these services rating the care as good or very good. The quality of care was rated most poorly in prisons, albeit with a much smaller sample of 183 respondents.

Figure 1 shows that, taking the data from over 30,000 shifts, there is a clear trend: nursing staff rate the quality of care more highly when there are fewer patients for every one registered nurse. Importantly, this finding is supported by the existing research evidence.

> **"Some patients need one-to-one care but there aren't enough staff to provide this so they are in danger. A patient recently had a fall because there were not enough staff to stay with him all the time."**
>
> Health care support worker

Care left undone

Only 31% of respondents agreed that they had the time to provide the care they would like. 36% said that due to a lack of time they had to leave necessary care undone.

Research has shown that there is a causal link between nurse staffing levels – in particular the number of registered nurses – the amount of care left undone, and patient mortality rates (Ball 2017).

Examples of care left undone, or "missed care" as it is sometimes referred to, include when nursing staff are unable to:

- administer medication to patients on time
- help manage pain experienced by patients effectively
- frequently change a patient's position for safety and comfort
- ensure effective skin care
- ensure patients' oral hygiene is attended to
- provide information and comfort to patients and their families
- complete nursing care records
- develop nurse care pathways.

The inability of nursing staff to provide essential nursing care presents the risk of complications which adversely affect quality of life for people receiving care, their families and carers, as well as the risk of causing harm.

54% of respondents said too much of their time was spent on "non-nursing duties", with non-nursing administration a recurring theme in our qualitative analysis.

Care compromised

When care is left undone, patient care is compromised. To further understand the impact of care being left undone due to staff shortages, we asked whether care being provided to patients was compromised. Over half (53%) of survey respondents said that care was compromised on their last shift, 41% said that it was not compromised and 6% said "don't know".

The numbers who reported that care was compromised were broadly consistent across the UK. However, there was a difference in whether care was compromised between those working in NHS services (54%) and those in non-NHS providers (46%).

There was variation between settings, with 67% of respondents in A&E/urgent and emergency care and 64% of those working in prisons saying that care was compromised. Settings that reported lower rates included GP practices (31%), hospices (35%) and theatres (35%).

The most common reasons given for compromised care were:

- not enough registered nurses (69%)
- not enough health care support workers (51%)
- increased patient acuity and/or dependency (49%).

Reliance on temporary staff

43% of the shifts we examined had at least one bank or agency nurse. Good workforce planning dictates there is access to a contingent temporary workforce to manage shortages. This must be carefully managed, as temporary staff require a level of orientation and supervision that substantive staff – already under pressure – may find difficult to provide. When the proportion of temporary staff becomes too great, this impacts the quality of care provided.

Our findings show that the proportion of permanent registered nurses to bank/agency registered nurses was 4 to 1 (20% temporary staff). This clearly signifies a heavy reliance on temporary staff. This issue was not unique to registered nurses: 28% of support workers were also temporary staff.

These findings indicate a shift from temporary staff being deployed to cover unplanned situations, to the planned deployment of agency and bank staff as an integral part of the workforce. Shifts are sometimes booked months in advance to fill longstanding vacancies in nursing rotas. This demonstrates an over-reliance on temporary staffing.

> **"I go home from shifts worrying about the patients I have handed over to junior staff/bank staff/agency staff. I constantly worry about my registration & the lack of care I am providing for my patients."**
>
> Adult acute nurse

> **"I have just started this role...I raised concerns about poor staffing, burnout, etc. in my previous role and subsequently resigned due to lack of support."**
>
> Registered nurse

Raising concerns

When staffing levels are low and care is compromised, nurses have an obligation to raise concerns in accordance with the NMC Code. The RCN has produced guidance for registered nurses on raising concerns.

72% of respondents said that when there are not enough staff or when patient care is compromised they feel they have been able to raise a concern. However, only 37% of respondents reported action being taken when they raised their concern, 44% said no action was taken and 19% said they did not know if anything happened as a result of raising their concern.

Impact on nursing staff

More than half (55%) of survey respondents reported a shortfall in planned numbers of registered nursing staff on their last shift/day worked, with around two-thirds having worked unplanned extra time.

When nursing staff are overstretched due to insufficient staffing, they often suffer the consequences personally. Not being able to stay hydrated, eat, or use the toilet impacts on their physical and emotional wellbeing, especially over prolonged periods of time. Taking a break at work is not a luxury but a basic right protected by employment law.

59% of survey respondents said they did not get to take sufficient breaks on their last shift. This is more pronounced in community settings, where 69% of nursing staff did not take sufficient breaks, compared to 56% of those working in hospitals. This is particularly worrying when 50% of the shifts reported were 12 or more hours long. There was little variation in the number of nursing staff who were unable to take sufficient breaks between NHS (58%) and non-NHS (63%) organisations.

We asked nursing staff to rate how they felt about their last shift/day worked. The results highlight just what they are dealing with day in, day out.

- 57% of respondents said they had been too busy to provide the care they would like.
- 53% felt "upset/sad" that they could not provide the level of care they wanted.

- 46% said they felt exhausted and felt negative.
- 45% said they felt demoralised.
- Only 26% of respondents said they felt fulfilled after their last shift.
- Only 43% said they felt satisfied with the care they provided and the job they had done.
- Only 37% said they felt positively challenged.
- Only 40% said they felt exhausted but positive.

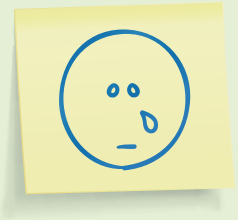
Extra time worked

Respondents were asked if they had worked additional time on their last shift, and if so, how many minutes, and whether this was paid or unpaid. 65% of all respondents said they worked additional time, for an average of 53 minutes. 25% of respondents worked an additional hour or more on their last shift.

> **"I am a single mother of a 12-year-old boy and he has recently transitioned to secondary school. I cannot remember the last time I finished a shift on time, nor can I remember the last time I finished and had the energy to give my son the positive attention he deserves."**
>
> Registered nurse

Of those who worked additional time, 91% reported this was unpaid, which means 59% of all respondents worked unpaid additional time. There was little variation in additional time worked between NHS and non-NHS organisations. 93% of those working additional time in the NHS were unpaid, while 76% were unpaid in non-NHS organisations.

57% of respondents said they were too busy to provide the care they would like.



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Only 43% said they felt satisfied with the care they provided and the job they had done.

Only 37% said they felt positively challenged.

Only 40% said they felt exhausted but positive.

Requiring staff to work additional time can have an adverse impact on patient safety, particularly when the member of staff has already worked a long shift, so analysis was carried out to understand whether this was prevalent in our survey data. For all respondents, the average intended length of shift was 10.2 hours, with 35% working a shift of eight hours or less (short), 55% working a shift of 9-12 hours (medium), and 9% working a shift longer than 12 hours (long). For those working short shifts, 70% reported working extra time for an average of 64 minutes. For those working medium-length shifts, 63% worked additional time, for an average of 46 minutes. For those working long shifts, 61% worked additional time for an average of 44 minutes. While responses indicate those working short shifts were slightly more likely to work additional time, and for slightly longer, it is clear that significant numbers of those working medium and long shifts were also working additional time.

72% of respondents working in community settings and 71% in care homes worked additional time, which was slightly higher than in hospital settings (63%). This trend is similar to that seen when looking at the numbers unable to take breaks in those same settings.

There is some variation across the UK, with 69% of respondents in Northern Ireland saying they worked additional time, 65% in England and 61% in both Scotland and Wales.

In the research we published in May this year, 82% of Directors of Nursing said that their services are running on the goodwill of staff. This report reveals the extent of the unpaid additional hours worked by nursing staff, and demonstrates just how much services depend upon this goodwill.

As in many other professions, nursing staff are happy to go the extra mile, especially when it means providing the level of care they know their patients deserve. However, it is unacceptable for nursing staff to feel they have no other option than to work additional unpaid time for sustained periods to make up for the staffing shortages caused by short-sighted national policy decisions.

> **“When we are understaffed it takes a toll on everyone, raising stress levels and making it difficult to cope with the rising demand of a population with varying health needs. It’s demoralising when you cannot give the care you are trained to give. A lot of shifts are covered by the goodwill of staff who agree to stay on for a few more hours despite being tired and run down. Inevitably, this leads to burnout. On the other hand, when we are well staffed we are able to give the care we want to give. It restores our faith in the profession we chose. The staff are happier, and the women and families in our care are happier.”**
>
> Midwife

The stories submitted to our survey paint a bleak picture of widespread burnout and frustration, while also demonstrating the commitment of nursing teams to pull together and shoulder these difficult working conditions.

Based on our survey findings we have scaled up the cost of the additional unpaid time nurses are working in the NHS across the whole of the UK. We calculate the cost to be £396 million of unpaid work in the NHS per year. This estimation uses the salary of a Band 5 registered nurse (first band upon registration) for the entire NHS nursing workforce in the UK, providing the most conservative method of costing.

3. Approaches to safe and effective staffing across the UK

We are clear that safe and effective staffing levels should not be understood as one fixed number or ratio. Instead, it is essential to ensure that a systematic approach is in place which triangulates the use of a planning tool alongside guidance for different settings, and used with the professional judgement of registered nurses. This can then take into account the changing needs of a particular local population, severity of illness and patient needs within specific services, among other factors.

Planning tools

Planning tools should be used locally by registered nurses to help determine safe and effective staffing levels. Planning tools can vary significantly depending on clinical setting.

> **"I continue to look for alternative, potentially non-NHS work. My job is exhausting both mentally and physically. I will look at reducing my hours if I don't find anything else. My colleagues are wonderful people and so are the patients, but I will not carry on working in this environment in the long term."**
>
> Critical care nurse

Guidance

Some health care systems in the UK have national guidance developed to offer support. Where this exists, it tends to cover a limited number of settings – usually hospital adult general wards. This is often based on a staff:patient ratio approach. Whilst there is no one fixed nurse:patient ratio that is appropriate all of the time, the measurement can be a useful and helpful indication of the quality of care.

Legislation

Having a law related to nurse staffing is the only way to put a legal duty on governments, agencies and providers to ensure local and national accountability for safe and effective staffing. Wales introduced the Nurse Staffing Levels (Wales) Act in 2016. Following a period of consultation, implementation guidance is due later this year. The Welsh Government has committed to extending the legislation to further settings.

Following its consultation on a proposed Safe and Effective Staffing Bill, the Scottish Government has confirmed it is intending to bring forward legislation on staffing. The RCN submitted a comprehensive response to the consultation, calling for robust legislation which ensures staffing for safe and effective care. However at the time of writing, the scope of the Bill is unclear.

Northern Ireland and England have no legislation relating to nurse staffing levels.

Staffing levels reported across settings

As well as asking respondents to tell us about the actual staffing level on their last shift, we also asked how many patients were on their ward, or how many patients they cared for that day, depending on which clinical setting they worked in. This enables analysis on key staffing level measures such as the nurse:patient ratio and skill mix.

There is existing RCN guidance related to setting staffing levels and skill mix across a range of clinical settings. In support of our call for legislation, we are committed to strengthening and expanding the range of guidance we have available for nursing staff. In this report, we compare our survey findings to any staffing levels set out in national policies within the different UK countries. Existing policies are very limited and focus on acute adult settings. We have also chosen to highlight a selection of settings which have no staffing levels set out in governmental or other national health policies, in order to provide a wider picture.

For day shifts in inpatient settings we have excluded one nurse when calculating the nurse:patient ratio. This accounts for the ward sister/senior charge nurse who should be acting in a supervisory capacity, and therefore should not be counted in the staffing numbers providing clinical care. In addition, we explore the survey findings specifically relating to the role of the supervisory ward sister/senior charge nurse.

Acute adult wards

In England, the 2014 NICE guidelines for adult wards state that when the nurse:patient ratio reaches eight patients to one nurse, this should act as a red flag that care is potentially at risk of becoming unsafe. In our data for day shifts in England, 71% of respondents reported that their last shift had eight or more patients to each nurse and therefore would be a red flag for unsafe care. 26% of respondents (1,200) in England reported staffing levels with 14 or more patients to one registered nurse. On average, there were 9.1 patients to one registered nurse.

> **“On a night shift when you’re down to two staff nurses and have to look after 32 medically unwell people, if just one of those patients becomes acutely unwell overnight you cannot effectively look after everyone else.”**
>
> Adult acute nurse

The key to using ratios set out in guidance is to implement them appropriately and sensibly. They should not be used as blunt instruments to justify an inflexible minimum staffing level that does not respond to changes in workload and capacity, the numbers of patients and fluctuations in the dependency and acuity of patients.

In Wales, the Chief Nursing Officer’s guidance recommends a ratio of one registered nurse to seven patients, cared for on medical and surgical wards. Secondary reference is made to a ratio of 1:11 at night. Along with other categories, our survey asked about staffing in acute adult settings, which includes adult medical and surgical wards. The responses indicate an average of 9.7 patients to one registered nurse on day shifts in Wales. 85% of the respondents reported more than seven patients to one registered nurse. There were an average of 15.7 patients to one registered nurse on night shifts in Wales. 78% of night shifts reported more than 11 patients to one registered nurse.

In Northern Ireland, the Delivering Care programme guidance for medical and surgical wards is unique in that it provides a staffing level range between one nurse to four patients and one nurse to eight patients, allowing for varying severity of illness and dependency of patients. The average ratio reported from our survey data for acute adult wards in Northern Ireland was 6.4 patients per registered nurse, with 27% of day shifts having more than eight patients to one registered nurse.

Critical care

Critical care, which covers both Intensive Care Units (ICU) and High Dependency Units (HDU), is often staffed with greater recognition of patient acuity and patient safety. These areas have had established guidance on nurse staffing levels for the past 15 years. In 2015, the previous guidance was superseded by UK-wide guidelines issued by the Faculty of Intensive Care Medicine, which generally suggest a minimum overall nurse:patient ratio of 1:2 for HDU patients and 1:1 for ICU on all shifts.

In our survey, data from 2,000 ICU/HDU shifts found an average of 1.5 patients per registered nurse. 27% of ICU/HDU respondents reported more than two patients to one registered nurse.

> **"On shifts where we are short staffed we have to prioritise all the essential tasks. For example, I have had shifts where parents have complained that their child was waiting for feeds because I was busy doing IVs. It isn't fair on the family/child and also makes me feel stressed/rushed."**
>
> Inpatient children's nurse

Acute children's wards

Data from over 1,320 shifts in acute children's wards across the UK showed that:

- 62% had a shortfall of one or more registered nurses
- 34% of shifts were short of one or more health care support workers
- 17% of nurses were temporary staff (bank or agency).

> **"The dependency in elderly care is higher than ever due to community support not being available."**
>
> Older people's nurse

Older people's acute wards

Data from over 1,420 day shifts in older people's wards across the UK showed that:

- 47% had a shortfall of one or more registered nurses
- 44% of shifts were short of one or more health care support workers
- 28% of nurses were temporary staff (bank or agency).

Accident and emergency/urgent and emergency care

There is currently no national guidance or policy across the UK for emergency and urgent care. In England, work led by NICE to develop guidance for this setting was decommissioned by the Department of Health, despite draft guidance that included ratios being published. However, the RCN has produced the Baseline Emergency Staffing Tool designed to measure a patient's dependency in order to assist with setting local staffing levels in A&E.

Data from over 2,200 shifts in A&E across the UK showed that:

- 71% had a shortfall of one or more registered nurses
- 52% of shifts were short of one or more health care support workers; this was also the setting with the highest shortfall for this staffing group
- 29% of nurses were temporary staff (bank or agency)
- 44% of those working on A&E shifts reported that they had to leave necessary care undone
- only 26% said they had the time to support the relatives or those important to the patient, which is a key part of communication and the effective running of A&E services.

Those taking part in the survey paint a bleak picture of the working conditions in emergency care settings. On nearly every measure relating to quality of care and staff wellbeing, those in A&E fell well below the average.

Mental health inpatient settings

Data from over 1,300 shifts from inpatient mental health wards showed that:

- 34% of shifts in inpatient mental health wards had a shortfall of registered nurses
- a shortfall of 41% of health care support workers was also reported
- 22% of nurses were temporary staff (bank or agency)
- nearly half of the health care support workers in mental health inpatient settings were temporary staff. This is considerably higher than most other settings.

> **"In a mental health unit where patients are under the Mental Health Act, patients frequently go several days without being able to leave the hospital due to poor staffing levels. This frustrates the patients (understandably!) and leads to an increase in incidents of aggression and violence."**
>
> Inpatient mental health nurse

> **"We all really struggled to get through the day today. I am applying for work outside of the NHS."**
>
> A&E nurse

Community nursing services

Community nursing refers to a diverse range of nurses and support workers who work in the community, and can include district nurses, intermediate care nurses, community matrons, hospital-at-home nurses, and other health care professionals.

There is a specialist post-registration qualification for district nurses working in the community. District nurses usually lead much larger nursing teams to provide care across a geographical area, and demonstrate a particular set of expertise, knowledge and leadership.

Staffing levels in this setting are driven by caseloads, which vary in size and complexity. Community nursing is diverse with the treatment and care varying hugely from patient to patient. Predicting the length and complexity of each visit can be difficult, and as our data has already shown, community nurses are less likely to take breaks and the vast majority are regularly staying at work longer than their contracted hours to get through their caseloads.

Data from over 2,200 community nursing shifts showed that:

- 68% had a shortfall of one or more registered nurses; this was one of the highest shortfalls of registered nurses across all settings
- 42% of shifts were short of one or more health care support workers
- despite having a high rate of staffing shortfalls, community teams are less likely to fill these gaps with temporary staff – 15% of nurses and 11% of health care support workers were bank or agency staff
- 62% of community nursing staff say they spend too much time on "non-nursing duties", which is higher than most other settings.

For many years there has been a widely held policy ambition to increase treatment and care in people's homes and communities, yet this has not been consistently followed up with increased funding or training, or an expansion of community nursing roles. Instead, for example, we have seen a huge reduction in the number of specialist district nurses in many parts of the UK.

Care homes

Data from over 1,829 shifts from care homes showed that:

- 18% of shifts had a shortfall of one or more registered nurses
- 47% of shifts were short of one or more health care support workers
- 24% of nurses were temporary staff (bank or agency)
- 20% of health care support workers were temporary staff (bank or agency)
- 71% of people working in care homes across the UK said they did not take sufficient breaks.

There are differences in how care homes are funded and provided, often by the independent sector, which will require particular consideration when developing legislation and other policy levers.

> **"When I told my manager I was the only nurse on a shift with 44 residents I was just told that's how it's going to be. There should be adequate qualified nurses on night shifts. We should not be reduced to one nurse just because it's supposed to be quieter at night according to managers."**
>
> Nurse in a care home

> **"Residents having to wait too long to go to the toilet (to the point of real distress), get pain meds, get assistance with food/drink, personal care issues... No breaks for staff... One carer has been given a rota for nine days of this... Unhappy relatives..."**
>
> Nurse in a care home

Skill mix

Beyond staffing numbers, we also need to know the spread of skills across the nursing team as well as the balance between registered nurses and health care support workers. These are all referred to as the "skill mix". As with temporary staffing, skill mix is another example of where "who" is just as important a consideration as "how many". The education level, practical training, skills and experience that nursing staff hold need to be considered when determining how many staff are needed, and when setting the skill mix.

Skill mix within the registered nurse workforce is also important. Following registration, nurses will develop different knowledge and skills, depending on the setting in which they work and the range of experiences to which they are exposed. In addition, nurses undertake continued professional development. These factors mean that registered nurses are not simply interchangeable between health and care settings.

Respondents identified a threat to securing appropriate skill mix in ward settings, as a result of staff being moved between wards to fill staff shortages in other areas. This practice undermines any previous planning undertaken, in both the area they are taken from and the area they are moved to.

Compared with data we collected for a similar survey in 2009, these latest findings suggest increased dilution of skills within teams. The proportion of registered nurses within the nursing team in adult general wards was 62% in 2009, and is now at 58%. In children's acute wards, the proportion has dropped from 83% to 79%. This data shows a wide-ranging dilution of skill mix across a range of inpatient settings. There are risks to patient care when the skill mix becomes too diluted, with research showing that mortality rates are lower in areas with higher proportions of registered nurses.

As more and more personal care is now provided by health care support workers, the argument for regulation of health care support workers is strengthened – we have been calling for this for many years. Expansion of the health care support worker workforce has a direct impact on the registered nurse workforce. While registered nurses delegate and supervise activities and interventions to health care support workers, they retain responsibility and accountability for patient outcomes.

> **"I feel panic on shifts when faced with poor skill mix, reduced staff numbers, acutely sick patients and no beds available."**
>
> Adult acute nurse

We are concerned that this widespread dilution is in fact a response to short-sighted cost-saving measures. This trend cannot continue unchecked since the evidence demonstrates that higher staffing levels of registered nurses, educated to degree level, reduce patient mortality and improve both the clinical outcomes of patients and the patients' experience.

Supervisory nursing role

The RCN recommends that there should be a supervisory nursing role – which is not included in the numbers of nursing staff available to directly provide care and treatment – in all inpatient and community health and care settings across the UK.

This supervisory role must have oversight of the clinical setting and use their knowledge and experience to make key clinical decisions. This includes having the time to use professional judgement to make meaningful decisions on staffing. Protecting the supervisory status of this role ensures that professional judgement is used to monitor changes in patient flow, severity of illness and patient dependency, and the deployment of staff, which are all key factors to safe and effective staffing.

Our findings demonstrate that more often than not the senior nurse in charge did not have the protected supervisory status required throughout a shift. We know that when nursing rosters are short-staffed, nurses and midwives in supervisory roles are used to fill the shortfall. The figures show that this is so widespread the practice appears to be normalised.

Table 2: Supervisory ward sister/charge nurse across settings - UK

Supervisory ward sister/ charge nurse	No	Yes	Don't know	Number of respondents
A&E/urgent and emergency care	63%	28%	9%	2,220
Adult acute ward	70%	23%	7%	8,356
Community children and young people's service	67%	23%	10%	236
Community mental health service	52%	36%	12%	504
Community nursing care	69%	23%	8%	2,276
Inpatient children and young people's ward	75%	20%	5%	1,331
Inpatient learning disabilities ward	68%	26%	7%	176
Inpatient mental health ward	66%	27%	6%	1,586
Intensive care unit/high dependency	44%	52%	5%	1,933
Maternity	63%	27%	9%	201
Neonatal	64%	32%	4%	232
Older people's ward	70%	22%	9%	1,948
Outpatient services	66%	25%	8%	1,388
Public health services (health visiting, school nurses, sexual health)	58%	29%	13%	389
Theatre	59%	32%	9%	857

Supernumerary status of students

All students undertaking pre-registration nursing and midwifery programmes are required to have supernumerary status while on clinical practice placements. This means that they must be additional to the workforce requirement and staff on duty on each shift. We are concerned that many students who completed the survey said that this supernumerary status is often compromised. As a result of staffing shortages students are often having to assist nurses and health care support workers when they are supposed to be actively learning.

> **"Poor staffing also leads to burn-out of registered staff, meaning that your mentor may be off sick for long periods of time and so your learning needs are not met."**
>
> Student nurse

4. What urgent action is needed

The boards of all health and social care providers have a duty to ensure patient safety and should provide assurance to the public that services are safe. Governments must respond when health and care workers say that patients are being let down and that they are at risk of harm – the time has come for nurse staffing law.

The RCN calls on providers of health and care services across the UK to urgently review nurse staffing levels and assure their boards that services are safe for patients.

In order to ensure patient safety, we are calling for each country in the UK to have:

1. legislation for the accountable provision of safe staffing levels
2. increased funding, with political accountability for safe staffing
3. credible and robust workforce strategies
4. scrutiny, transparency, openness and accountability.

Some progress has been made on aspects of these in some UK countries.

Legislation for the accountable provision of staffing levels

While legislation alone won't guarantee patient safety, it is a critical building block in clarifying roles and responsibilities for the workforce – both crucial components of a health and care system. We need to know who is accountable and responsible for workforce strategy, policy and planning at every level – politically, nationally and locally. This must include the commissioning of pre-registration nursing places, post-registration professional development and preparation for specialist and advanced practice.

Increased funding with political accountability for safe staffing of health and care services

Short-sighted cost-saving measures and lack of funding have been demonstrated to be significant factors in the issues described – an increase in funding will grow both "pools" of posts to meet actual demand and numbers of qualified staff needed. It will also lessen the pressures on the system so that patients can be put first again, with staff enabled to both deliver high-quality care and maintain their own wellbeing. This will improve retention rates and ultimately decrease the cost of agency and bank spend.

It is critical that responsibility for a workforce strategy lies at ministerial level, to give patient safety the accountability and prominence it deserves.

Credible and robust workforce strategy

It is crucial that governments across the UK resolve the historical lack of workforce strategy through a planning and development model that determines and provides adequate supply for each health and care system. This must be underpinned by the development of education and training models that maintain an adequate supply of appropriately educated, skilled, competent and motivated nurses to meet the needs of their population.

Progress on developing workforce strategy has been made in Wales.

The Scottish Government has produced part one of its health and social care workforce plan, with parts two and three due to be published by the end of the year. However, Audit Scotland has highlighted the responsibility for NHS workforce planning across national, regional and local levels is confused and that the Scottish Government has not yet adequately estimated the impact that increasing and changing demand could have on the workforce and skills required.

In Northern Ireland, responsibility for regional workforce planning for health and social care and commissioning of pre and post-registration education sits with the Department of Health in Northern Ireland.

In England, the Department of Health is ultimately accountable for securing value for money on training and employing nurses. While in principle Health Education England oversees national workforce strategy for health care, and this is a locally driven process, in light of the changes to student funding arrangements it is no longer clear which organisational body is responsible for addressing the national shortage of nurses. This must change.

Scrutiny, transparency, openness and accountability

Whilst legislative interventions help provide additional data, to be fully successful robust workforce data must be collected and published in each country and intelligence generated from it. This will help ensure there is full accountability for the staffing of services serving our population and enable delivery of workforce strategy by providing a sound evidence base. Importantly, data collection must cover the entire health and care system irrespective of provider.

> **"I feel guilty leaving work two hours late knowing the staffing levels are inadequate, sometimes leaving just two trained nurses to care for 24 acute patients. I often go home in tears. I love being a nurse – 28 years – yet I feel I am unable to do my job properly. Instead of being thanked for the million and one things you have done, you get berated for the one that you haven't. The only saving grace is that when we talk to patients, the vast majority are happy with the care they receive. I just know it could and should be better."**
>
> Acute adult nurse

Appendix 1: Survey method and respondents

The RCN conducted an online survey from Sunday 14 May to Wednesday 31 May 2017. The survey was launched at the RCN annual Congress.

The link to the survey was sent to every RCN member via email. It was also listed on our website and promoted via social media throughout the time the survey was open.

The survey was open to members and non-members across all health and care settings, to enable us to get the best response. The survey was open to nurses, midwives and health care support workers delivering patient care.

We had 30,865 responses, which included sufficient data on staffing to be analysed.

The survey focused on the respondent's last shift. The survey asked for self-reported staffing levels data and asked the respondent a range of perception questions and questions about their wellbeing. The majority of questions were closed quantitative questions with two supplementary open-text questions.

In each table in Appendices 1 and 2 we have included the count of respondents to the question, to show the base number as well as percentages. Questions may have a different base because not all questions were mandatory or applicable.

Table 1: Breakdown by country

Country	Count	%
England	24,381	79%
Scotland	3,323	11%
Wales	1,762	6%
Northern Ireland	1,212	4%
Outside UK*	159	1%
Total	**30,837**	**100%**

*To account for nurses working in the Isle of Man and the Channel Islands in our membership.

Table 2: Breakdown by day and night shift

Day/night shift	Count	%
Day	24,064	78%
Night (any time after 8pm)	6,728	22%
Total	**30,792**	**100%**

Table 3: Breakdown of month of last shift*

Date of last shift	Count	%
Jan-17	91	0%
Feb-17	122	0%
Mar-17	268	1%
Apr-17	682	2%
May-17	29,702	96%
Total	**30,865**	**100%**

*We excluded any shifts that predated January 2017 or were reported as being in the future from the analysis.

Table 4: Breakdown by organisation type

Organisation type	Count	%
For the NHS (including GP practices)	27,430	89%
Outside the NHS	3,435	11%
Total	**30,865**	**100%**

Table 5: Breakdown of non-NHS organisation type

Non-NHS organisation type	Count	%
Independent/private health care – for profit	1,983	58%
Independent/private health care – non-profit	509	15%
Local government	108	3%
Other (please specify)	156	5%
Social care	216	6%
Social enterprise	67	2%
Voluntary/charity/third sector	386	11%
Total	**3,425**	**100%**

Table 6: Breakdown by setting

Setting	Count	%
a hospital	22,949	74%
the community	5,004	16%
a care home	1,829	6%
urgent and emergency care (non-hospital)	423	1%
prison/police custody	225	1%
Other (please specify)	435	1%
Total	**30,865**	**100%**

Tables 6a – 6f: Breakdown by clinical area

6a: hospital settings

a hospital	Count	%
A&E/urgent and emergency care	2,301	10%
Adult acute ward	8,600	37%
Inpatient children and young people's ward	1,375	6%
Inpatient learning disabilities ward	181	1%
Inpatient mental health ward	1,613	7%
Intensive care unit/ high dependency	1,999	9%
Maternity	209	1%
Neonatal	240	1%
Older people's ward	1,993	9%
Outpatient services	1,481	6%
Theatre	910	4%
Other	2,047	9%
Total	**22,949**	**100%**

6b: community settings

the community	Count	%
Community children and young people's service	247	5%
Community learning disabilities service	89	2%
Community maternity care	27	1%
Community mental health service	527	11%
Community nursing care	2,347	47%
GP practice	643	13%
Hospice	252	5%
Outpatient services	2	0%
Public health services (e.g. health visiting, school nurses, sexual health)	405	8%
Other	465	9%
Total	**5,004**	**100%**

6c: care home

a care home	Count	%
Total	**1,829**	**100%**

6d: urgent and emergency care (non-hospital) settings

urgent and emergency care (non-hospital)	Count	%
Call centre	62	15%
Home visits	103	24%
Walk-in centre/ face-to-face	197	47%
Other	61	14%
Total	**423**	**100%**

6e: Prison and policy custody settings

prison/police custody	Count	%
Police custody	32	14%
Prison	191	85%
Other	2	1%
Total	**225**	**100%**

6f: other settings

Other (please specify)	Count	%
Total	**435**	**100%**

Table 7: Breakdown by registered and unregistered staff

Role	Count	%
Registered workforce	26,089	87%
Unregistered	2,426	8%
Student	1,531	5%
Total	**30,046**	**100%**

Table 8: Breakdown by role (detailed)

Role	Count	%
Advanced nurse practitioner	166	1%
Associate director	15	0%
Chief nurse/director of nursing	14	0%
Clinical nurse specialist/consultant nurse/advanced nurse practitioner/adviser/specialist	1,288	4%
Clinical nurse specialist/consultant nurse/nurse practitioner/adviser/specialist	560	2%
Community learning disabilities nurse	72	0%
Community psychiatric nurse	363	1%
Community staff nurse	1,378	5%
District nurse	505	2%
Health visitor	169	1%
In reach nurse	12	0%
Lead nurse	25	0%
Liaison and diversion role	13	0%
Manager	187	1%
Matron	27	0%
Mental health nurse/learning disabilities nurse/children and young people nurse/midwife	26	0%
Midwife	148	0%
Nurse clinical adviser	82	0%
Nursing manager	14	0%
Occupational health nurse	5	0%
Other (please specify):	569	2%
Practice nurse	415	1%
Primary care nurse	83	0%
School nurse	105	0%
Senior nurse/matron/nurse manager	1,080	4%
Sister/charge nurse/service manager/team leader	431	1%
Sister/charge nurse/ward manager/senior charge nurse	4,424	15%
Specialist community public health nurse	88	0%
Specialist nurse	20	0%
Specialist nurse/practice educator/quality lead	37	0%
Staff nurse	13,722	46%
Team leader	46	0%
Health care assistant/health care support worker/assistant practitioner/associate practitioner/trainee nursing associate	2,426	8%
Student	1,531	5%
Total	**30,046**	**100%**

Appendix 2: Survey findings by country

Table 1: Shifts that are short by one or more registered nurse by country

Country	Shifts short by 1 or more RN	Total (count)
England	56%	23,784
Scotland	51%	3,255
Wales	46%	1,725
Northern Ireland	56%	1,183

Table 2: Shifts that are short by one or more health care support worker by country

Country	Shifts short by 1 or more HCSW	Total (count)
England	42%	22,453
Scotland	38%	3,086
Wales	40%	1,637
Northern Ireland	39%	1,089

Table 3: Shifts with one or more bank or agency registered nurse

Country	Shifts with 1 or more bank or agency RN	Total (count)
England	45%	24,381
Scotland	38%	3,323
Wales	40%	1,762
Northern Ireland	50%	1,212

Table 4: Shifts with one or more bank or agency health care support worker

Country	Shifts with 1 or more bank or agency HCSW	Total (count)
England	45%	24,381
Scotland	40%	3,323
Wales	40%	1,762
Northern Ireland	50%	1,212

Table 5: Proportion of registered nurse temporary staff by country

Temporary staffing	Permanent staff	Bank/agency staff	Total (count)
England	79%	21%	22,696
Scotland	88%	12%	3,071
Wales	85%	15%	1,635
Northern Ireland	82%	18%	1,124

Table 6: Proportion of health care support worker temporary staff by country

Temporary staffing	Permanent staff	Bank/agency staff	Total (count)
England	71%	29%	20,785
Scotland	76%	24%	2,857
Wales	73%	27%	1,485
Northern Ireland	71%	29%	20,785

Table 7: Quality of care by country

Quality of care	Very good	Good	Neither good nor poor	Poor	Very poor	Total
England	20%	48%	23%	8%	1%	23,384
Scotland	20%	48%	23%	9%	1%	3,206
Wales	22%	46%	23%	7%	2%	1,690
Northern Ireland	23%	49%	20%	6%	1%	1,164

Table 8: Care compromised by country

Care compromised	Yes	No	Don't know	Total (count)
England	53%	40%	6%	23,288
Scotland	53%	41%	5%	3,198
Wales	51%	42%	7%	1,676
Northern Ireland	48%	43%	9%	1,159

Table 9: Able to raise concerns by country

Raising concerns	Yes	No	Not applicable	Total (count)
England	73%	19%	7%	21,275
Scotland	67%	26%	8%	2,871
Wales	68%	24%	7%	1,509
Northern Ireland	68%	24%	7%	1,062

Table 10: Concerns raised were dealt with by country

Concerns raised were dealt with	Yes	Don't know	No	Total (count)
England	37%	19%	43%	15,429
Scotland	33%	18%	49%	1,904
Wales	36%	18%	46%	1,019
Northern Ireland	36%	20%	43%	715

Table 11: Able to take sufficient breaks by country

Able to take sufficient breaks	Yes	No	Don't know	Total (count)
England	40%	59%	1%	21,797
Scotland	43%	56%	1%	2,947
Wales	44%	56%	0%	1,546
Northern Ireland	43%	56%	1%	1,085

Table 12: Additional minutes worked by country

Additional minutes	No	Yes	Don't know	Total (count)
England	34%	65%	1%	21,797
Scotland	38%	61%	1%	2,947
Wales	39%	61%	1%	1,546
Northern Ireland	30%	69%	1%	1,085

Table 13: Average minutes worked by country

Average minutes worked	Additional minutes	Total (count)
England	53.8	13,921
Scotland	46.5	1,760
Wales	49.9	927
Northern Ireland	49.5	739

Table 14: Supervisory status of ward sister/charge nurse

Supervisory status	Yes	No	Don't know	Total (count)
England	26%	66%	8%	21,035
Scotland	26%	66%	8%	2,875
Wales	26%	65%	9%	1,534
Northern Ireland	26%	67%	8%	1,024

Tables 15a – 15j: Staff perception questions of last shift

15a: I had enough time to provide the level of care I would like

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total (count)
England	8%	23%	16%	39%	14%	21,831
Scotland	7%	24%	15%	40%	14%	2,956
Wales	9%	23%	17%	38%	13%	1,554
Northern Ireland	7%	21%	17%	40%	14%	1,091

15b: I felt satisfied with the quality of care I was able to provide

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total (count)
England	11%	34%	20%	28%	7%	21,776
Scotland	9%	33%	19%	30%	8%	2,952
Wales	12%	33%	22%	27%	7%	1,547
Northern Ireland	10%	32%	22%	28%	8%	1,088

15c: I was concerned about the skill mix

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total (count)
England	15%	30%	23%	25%	7%	21,743
Scotland	16%	28%	22%	28%	7%	2,951
Wales	14%	30%	22%	26%	8%	1,550
Northern Ireland	16%	31%	23%	24%	6%	1,086

15d: I was able to provide the quality of care that I would want to receive as a patient

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total (count)
England	10%	30%	19%	32%	10%	21,761
Scotland	9%	27%	18%	35%	11%	2,939
Wales	10%	30%	19%	31%	9%	1,552
Northern Ireland	10%	27%	22%	32%	10%	1,087

15e: Due to the lack of time, I had to leave necessary care undone

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total (count)
England	7%	29%	19%	34%	10%	21,773
Scotland	7%	27%	18%	38%	10%	2,940
Wales	6%	27%	21%	35%	11%	1,550
Northern Ireland	7%	27%	21%	35%	10%	1,087

15f: I was too busy to provide the care I would like

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total (count)
England	17%	40%	14%	21%	7%	21,726
Scotland	17%	39%	14%	22%	7%	2,944
Wales	18%	38%	15%	21%	8%	1,545
Northern Ireland	17%	41%	17%	17%	7%	1,086

15g: Too much of my time was spent on non-nursing duties

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total (count)
England	17%	36%	23%	19%	5%	21,768
Scotland	20%	37%	21%	19%	3%	2,944
Wales	17%	35%	24%	19%	5%	1,552
Northern Ireland	21%	40%	20%	16%	3%	1,085

15h: I was concerned that support staff were being expected to perform the duties of registered staff without appropriate supervision

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total (count)
England	7%	20%	22%	38%	14%	21,677
Scotland	7%	19%	20%	39%	14%	2,937
Wales	6%	19%	21%	39%	15%	1,542
Northern Ireland	7%	18%	24%	38%	14%	1,084

15i: I was provided with the appropriate supervision and support

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total (count)
England	7%	28%	30%	25%	10%	21,709
Scotland	6%	25%	32%	27%	11%	2,937
Wales	8%	26%	31%	23%	11%	1,545
Northern Ireland	6%	26%	31%	28%	9%	1,086

15j: I had the time to support relatives and those of importance to the patient

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total (count)
England	7%	26%	28%	31%	8%	21,728
Scotland	5%	24%	29%	33%	9%	2,939
Wales	6%	25%	30%	30%	8%	1,544
Northern Ireland	6%	24%	27%	34%	9%	1,089

Tables 16a to 16g: Staff wellbeing questions after last shift

16a: I felt fulfilled

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total (count)
England	5%	22%	25%	35%	13%	21,197
Scotland	4%	18%	24%	40%	14%	2,869
Wales	4%	20%	25%	37%	14%	1,508
Northern Ireland	5%	18%	24%	39%	14%	1,063

16b: I felt positively challenged

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total (count)
England	7%	31%	24%	29%	9%	21,128
Scotland	6%	26%	23%	34%	11%	2,847
Wales	7%	30%	24%	29%	10%	1,499
Northern Ireland	7%	25%	23%	35%	10%	1,058

16c: I felt satisfied with the care I had provided and the job I had done

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total (count)
England	8%	35%	21%	27%	8%	21,171
Scotland	7%	33%	22%	29%	9%	2,861
Wales	8%	35%	23%	26%	8%	1,505
Northern Ireland	8%	34%	22%	28%	8%	1,061

16d: I felt exhausted, but I felt positive

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total (count)
England	9%	32%	23%	28%	7%	21,159
Scotland	7%	26%	23%	35%	9%	2,859
Wales	8%	29%	26%	29%	8%	1,508
Northern Ireland	7%	28%	23%	34%	7%	1,060

16e: I felt exhausted, and I felt negative

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total (count)
England	15%	30%	18%	29%	8%	21,069
Scotland	18%	33%	16%	25%	7%	2,855
Wales	16%	29%	19%	26%	9%	1,505
Northern Ireland	17%	33%	17%	25%	8%	1,059

16f: I felt demoralised

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total (count)
England	15%	29%	22%	26%	8%	21,126
Scotland	17%	30%	23%	23%	7%	2,862
Wales	16%	30%	20%	24%	9%	1,503
Northern Ireland	15%	30%	24%	24%	8%	1,057

16g: I felt upset/sad that I could not provide the level of care I had wanted

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total (count)
England	21%	33%	18%	21%	8%	21,202
Scotland	22%	32%	17%	21%	7%	2,864
Wales	21%	31%	20%	20%	9%	1,512
Northern Ireland	20%	33%	20%	19%	8%	1,059

Appendix 3: Illustrative quotes from survey

Included in the 30,000 responses are thousands of personal experiences from nursing and midwifery staff. We intend to develop our understanding of these experiences through further analysis of the responses and continued engagement with our members.

Below are a handful of the responses from staff across all of the UK:

"I feel that I am totally burnt out. Don't think that I can continue to work at this pace. I have resorted to antidepressant medication. I am seriously thinking of retiring next year as I will be 60 after 44 years in the NHS."
Practice nurse

"In primary care we are stretched just as much as secondary care. Our appointment times are 10 mins for HCAs and 15 mins for nurses. As an HCA, I have 15 mins for dressings, which is such a struggle. I feel totally drained at the end of the day and am totally fed up with my job at the moment."
Health care support worker in a GP practice

"I always go above and beyond for my patients – we all do as nurses – but that is to the detriment of myself, minimal breaks, not drinking enough fluid, holding on for the toilet. Even doing this I don't feel I have enough time for my patients. I was trained to provide holistic care, and often, because of the pressures we face, we are not able to do that."
Practice nurse

"The NHS is surviving on the goodwill of those that work within it. The majority of staff work over and beyond on a routine basis. Studying and performing mandatory training in their own time. Personally I am currently studying in my own time. But to be able to do this I have to put my son in childcare one day a week. At a cost of £38 a day. This would not be expected in any other profession."
Registered nurse

"I seriously question my career as a nurse, I love my job but the pressures are ever increasing. A family member works in retail and is on approximately £7k more a year than me. We are registered professionals but our pay and conditions do not reflect this."
Adult nurse

"I feel so exhausted, demoralised and do not want to go back for another shift."
Neonatal nurse

"We are overworked and underpaid. No nurse does this job for the money; however, it is not unfair to ask for the pay level we are entitled to. We see politicians take pay rises year in, year out and they are able to stop us having the pay rises we deserve, nothing more than that."
Inpatient children's inpatient nurse

"I have just had 12 weeks off work due to stress from the high demands of my case load and administration responsibilities. During this period I realised just how much the career I have chosen has been consuming my life. I have actually had time for myself, my children and my grandchildren. I love being a nurse but feel that the demands placed on us are unsafe. This has been going on for too long and action needs to be taken. This job has affected my health and if something is not done the NHS will be in major crisis."
Community nurse

"I'm constantly stressed. Emotionally shut down. I'm going through the motions just to get through the day. After 33 years of being a registered nurse, it's time to go. So sad."
Community nurse

"We do this job because we care for people but the Government does not care for us. We regularly miss breaks, go 14 hours without a drink – to the point where one of my colleagues has developed kidney stones. I stay late basically every night, I take work home with me and receive no emotional support for an extremely draining and impacting job. Something needs to change. I often feel as though I cannot do my job fully because I spend my day putting out various fires or completing tick box exercises rather than actually caring for my patients."
Community nurse

"I started nursing to look after and care for people, but poor staffing levels mean that I struggle to give the best care due to the stress and strain put on staff. Most days I feel low and completely demoralised. I would like to believe things can change but feel this may never happen."
Practice nurse

"Every day I feel my registration is being compromised, as is the quality of care we provide due to the lack of nurses. We are pushed to exhaustion and no one wants to listen to our concerns. Every day I question why I became a nurse as I feel my health is deteriorating. I am not able to drink enough on shift or even go to the toilet when I need to."
Older people's nurse

"Each shift, I feel drained, broken and inadequate from never having enough time to give the care that patients and families deserved. I only qualified in 2014, and yet I was already considering leaving nursing. It wasn't until I moved department that I remembered how much I loved to nurse. Across the NHS, we need more staff."
A&E nurse

"I feel guilty leaving work two hours late knowing the staffing levels are inadequate, sometimes leaving just two trained nurses to care for 24 acute patients. I often go home in tears. I love being a nurse – 28 years – yet I feel I am unable to do my job properly. Instead of being thanked for the million and one things you have done, you get berated for the one that you haven't. The only saving grace is that when we talk to patients, the vast majority are happy with the care they receive. I just know it could and should be better."
Acute adult nurse

"We are only able to fire fight. Patients that are not presenting with an acute need fade into the background and often don't get to speak to staff. We are carrying four WTE qualified nurse vacancies and two WTE health care support worker vacancies. We rely on bank staff to plug the gaps every day. I've never known it to be so bad."
Inpatient mental health nurse

"Staff are working late without pay or claiming time back. The department runs largely on the goodwill of its staff. We feel rushed and stressed due to the fact we are not able to provide the level of care the patients are entitled to. Staff have become demoralised and have left to take up posts elsewhere. We don't feel our opinions count, even though we are on the frontline."
Midwife

"Patients are not receiving the care they deserve, which upsets us as nurses and midwives. There are not enough staff and no support. Our patients frequently suffer delays in their care. While they are understanding, it becomes frustrating and eventually they and their families become hostile and aggressive. I am actively looking for a job out of the NHS. I don't want a different job, but I can't take working in such an oppressive, unsupportive and stressful environment any longer. We don't have a break, so for 12 hours we don't eat or drink. I didn't become a midwife to go home feeling down and upset, nor to see my colleagues crumbling and our management not care as long as they look good."
Midwife

"Nurses are telling everyone not to join the profession as it is the most degrading job, good hardworking people being taken advantage of. Nurses should take strike action and stop being walked over. We should stand up for our profession and pave the way for the future."
Registered nurse

"Lots of staff are leaving to work in other areas. Nurses are crying on duty as they are unable to provide quality care. It's difficult to support my colleagues as I cannot see how it will improve in the future."
A&E nurse

"Short staffing has left me feeling stressed, anxious, unsafe, under-supported and ready to give up on my career. I feel burnt out and worry about my mental health if conditions like this are to continue in the future. I have cried during and after so many shifts. As a newly qualified nurse, this isn't what I expected to feel like so soon into my career. I am considering moving overseas or giving up on my dream of being a nurse altogether."
Critical care nurse

"I am a staff nurse who recently left their job to move to Australia in hope of better working conditions. I have only been qualified for two years and I am already questioning my choice of career. I am so passionate about nursing and I love my job, but I can't do it properly with the poor staffing levels and increased patient demand. Elderly patients are waiting for hours on end by themselves, and then when they're admitted they don't even get a bed. I get so fed up with patients' disappointment in the service and now I'm wondering if I will ever go back to the NHS. It's such a shame."
A&E nurse

"It's unsafe practice to utilise staff from other wards to cover the staff gaps. Very irritating when you're just a number."
Acute adult nurse

"I no longer wish to be a nurse. I'm not able to provide my patients with even the basics of nursing care due to the constant lack of staff and any support from management. When I'm the only nurse on a locked unit I don't get the 30-minute break I'm entitled to."
Older people's nurse

"I just feel like a number, having to send staff to unfamiliar wards that they didn't apply for a job on. I find it dangerous."
Critical care nurse

"When it is very overcrowded everyone pulls together. Because we are constantly overcrowded we regularly have no space to see patients, which impacts on waiting times. Majors regularly have numerous corridor patients and blocked minor cubicles."
A&E nurse

"When I started the team was very well established and few people left. In the last 12 months over half the team has left, losing a lot of knowledge and creating a very junior team. Management are not interested when people say they are not happy or are thinking about leaving. They only care about numbers. Staff do not feel cared for, there is never good feedback given, lack of communication, and empty promises. We are constantly being moved to other wards or another hospital, dividing the team and causing people to leave."
Critical care nurse

"Being a student, the staffing levels have detrimentally impacted my supernumerary status, as I am often counted in the numbers without this being discussed with me. I often find I am left to develop my skills alone through practice, with no constructive feedback."
Student nurse

"Our trust sends nurses from certain specialities (like cardiology) to other wards when they are short of staff. The nurses from the cardiac ward do not have experience of caring for patients on wards such as a stroke unit. This compromises patient care and it causes a lot of stress for the staff. When the decision is made that our staff have to go to another ward, there is no discussion about it. As staff, we are not able to comment on it and our concerns are not considered."
Acute adult nurse

"I am lucky and blessed to work in a very safe, effective, caring unit, which the vast majority of staff are proud to work on. I am very aware this is not the case everywhere and I think both patients' experience and staff satisfaction are in jeopardy if nothing is done regarding staffing levels in the NHS. We love to care for our patients. Nursing is more than just our job: it is our passion. But we are running the risk of letting nurses live in despair at the prospect of their next shift, their next pay slip, their next bill. Can anyone else see this problem?! Please let us do what we do best, in a dignified and dignifying way. Together we care!"
Critical care nurse

"We are not able to provide the care the CQC and NMC expect of us with these numbers of RNs. We believe that they should spend a day in our shoes, doing the work that we do, before demanding that we give more and more with fewer staff and fewer resources. Expectations are far too high and its time that it is recognised by the CQC and NMC that we cannot give any more. I am thankful that I work with a fantastic team who support each other, but nurses will continue to leave if we are treated this way and I for one am planning on leaving as soon as I can."
Older people's nurse

"Working in a forensic setting, low staffing levels not only compromise the quality of care given but also the safety of both staff and patients. Early warning signs are missed because staff are stretched across too many duties and too many patients, so incidents occur."
Health care support worker

"As a newly qualified nurse, I feel like I have been left to figure things out on my own. I have learned more from my mistakes than from any support I have received from senior staff. This is a hugely negative and stressful way of learning. I feel that if staffing levels were better, more time would be available to give this support. I have suffered from anxiety when I have been asked to help other wards when they are short-staffed. Having only ever experienced working on a ward for the elderly, I was asked to move to A&E to cover a shift there. I felt useless, unsafe and out of my depth. I now worry every time I drive into work that I will be moved. This happens so often now that I don't want to go to work."
Older people's nurse

"Staffing levels, skill mix, sickness, unprecedented demands, patient numbers, lack of resources and capacity have left me fearing for a profession I once loved. I end a shift exhausted, stressed, dehydrated and with little if any job satisfaction. I'm paid around £5,000 less than a comparable professional with a massive level of responsibility and accountability – for patients' lives. After 29 years I am considering leaving nursing due to lack of job satisfaction, being treated with utter contempt by managers and the government, and five years of pay restraint."
A&E nurse

"On a night shift when you're down to two staff nurses and have to look after 32 medically unwell people, if just one of those patients becomes acutely unwell overnight you cannot effectively look after everyone else. Patients are unhappy that their medicines are late. Patients' families are unhappy because you cannot update them on how their relatives are. Your line manager is unhappy because patients' families have complained that you haven't done your night time cleaning duties because there were only limited staff. The pressure from managers, patients and families is taking its toll. Staff are stretched to the limit and we can't possibly do our best under these circumstances."
Adult acute nurse

"When we advertise for staff we have very few applicants and many who apply do not turn up for interview. There are no experienced staff out there to apply for job vacancies. Supporting newly qualified staff all the time is exhausting for senior staff and many of these new staff then leave after a year, leaving us in the same situation year after year. Most of our experienced staff are over 45 and do not want to stay past 55, which will be a massive crisis in our area."
Neonatal nurse

"Every day, we prison nurses struggle, and I mean struggle, to cope with the lack of staff and clear direction. We also continually deal with above-normal aggression and at a level of pay that is a disgrace for the work we do. Hence why we continually lose staff."
Prison nurse

"I feel panic on shifts when faced with poor skill mix, reduced staff numbers, acutely sick patients and no beds available. As the nurse in charge when working nights I dread this situation as patients and relatives get upset, which often results in them becoming verbally aggressive towards nursing staff. Staffing levels are continually low but it's now considered normal. I experience stress, palpitations and worry when the agency nurse is not knowledgeable of our area, because I end up overseeing the care of their patients as well as mine. Qualified nurses are scared their registration number is at risk."
Adult acute nurse

"I consistently work double my contracted hours. As a senior nurse, I am prevented from providing clinical care as I have to support a wide team. My employers are incredibly supportive but are constantly held to account by national bodies for putting funds towards specialist nursing resources. I choose to work over my hours to support my team, who are doing an incredible job with poor pay and long working hours. It is not sustainable and it is not the fault of our employers, it is central policy."
Nurse manager

"I have recently dropped my hours from full time to 28 hours per week, as the reduced staffing levels and the drop in experience level have made work so much more demanding. I needed all my days off just to recover from work and had lost quality of life."
Theatre nurse

“Working in a care home for an agency, it is not unusual to be responsible for 30+ residents on a typical shift. On some night shifts I have been the only professional nurse responsible for anywhere between 50-100 residents. I feel that this is totally unacceptable and “senior carers” are being used to fill the gaps, despite the fact that they are not nurses and are unable to function as such.”
Nurse in a care home

"Today was an unusual occasion to be fully staffed, but the difference it makes to patient care and morale is immeasurable. In contrast, the week before I worked a 15.25-hour shift, having to stay late with no break in a different mental health unit. I left exhausted, upset that I could not offer more to patients due to workload and unsure of how long working at this pace was sustainable. Sadly, days like these are far too common."
Registered nurse

"I was supposed to finish at 19.15pm to collect my son. I did not finish until 19.55pm so I was late. I was mentally and physically exhausted and unable to engage with my family when I got home. Relationships were strained again because my family believe that I always put work first, which I do. I could not sleep due to the worry of not meeting all the care demands and feeling that I’ve failed my patients, colleagues and now my family. I cried all the way home."
Adult acute nurse

"I always go above and beyond for my patients – we all do as nurses – but that is to the detriment of myself, minimal breaks, not drinking enough fluid, holding on for the toilet. Even doing this I don’t feel I have enough time for my patients. I was trained to provide holistic care, and often, because of the pressures we face, we are not able to do that."
Practice nurse

"I work hard to provide a high standard of care; however, when I can’t do my job due to staffing issues, I feel my profession is being undervalued. I expect to provide exceptional care every day, not just sometimes. All my patients deserve the best care I can provide; unfortunately this is not always the case, which is something I struggle with."
Older people’s nurse

"I feel like I’m spinning plates, except the plates are patients – that to me is the worst feeling. A feeling of having no control. Going from crisis to crisis continuously is so incredibly stressful. Frontline staff feel like they are working on a battlefield; we don’t know who to go to first. We are constantly having to prioritise, but some patients need your help just as urgently as the next. Frontline nurses are moved around different wards, which is also very stressful. We can start a shift with an acceptable amount of staff but we are always moved to other wards. So we go from having 8 patients to working on a ward we are unfamiliar with, often with 12 or more patients. Something big has to change or I’m leaving – or may not even go back for my next shift. I am, as so many are, at breaking point."
Adult acute nurse

"I drove home from work sobbing today, knowing that the patients that I cared for did not get even a fraction of the level of care that I would consider “acceptable”. I would be devastated if my family or friends were in the hospital I work in, as there are just not enough staff to go around and whilst we do our best, it’s not enough."
Registered nurse

"Some patients need one-to-one care but there aren’t enough staff to provide this so they are in danger. A patient recently had a fall because there were not enough staff to stay with him all the time."
Health care support worker

"I go home from shifts worrying about the patients I have handed over to junior staff/bank staff/agency staff. I constantly worry about my registration & the lack of care I am providing for my patients."
Adult acute nurse

"I have just started this role...I raised concerns about poor staffing, burnout, etc. in my previous role and subsequently resigned due to lack of support."
Registered nurse

"I am a single mother of a 12-year-old boy and he has recently transitioned to secondary school. I cannot remember the last time I finished a shift on time, nor can I remember the last time I finished and had the energy to give my son the positive attention he deserves."
Registered nurse

"When we are understaffed it takes a toll on everyone, raising stress levels and making it difficult to cope with the rising demand of a population with varying health needs. It's demoralising when you cannot give the care you are trained to give. A lot of shifts are covered by the goodwill of staff who agree to stay on for a few more hours despite being tired and run down. Inevitably, this leads to burnout. On the other hand, when we are well staffed we are able to give the care we want to give. It restores our faith in the profession we chose. The staff are happier, and the women and families in our care are happier."
Midwife

"I continue to look for alternative, potentially non-NHS work. My job is exhausting both mentally and physically. I will look at reducing my hours if I don't find anything else. My colleagues are wonderful people and so are the patients, but I will not carry on working in this environment in the long term."
Critical care nurse

"On shifts where we are short staffed we have to prioritise all the essential tasks. For example, I have had shifts where parents have complained that their child was waiting for feeds because I was busy doing IVs. It isn't fair on the family/child and also makes me feel stressed/rushed."
Inpatient children's nurse

"The dependency in elderly care is higher than ever due to community support not being available."
Older people's nurse

"In a mental health unit where patients are under the Mental Health Act, patients frequently go several days without being able to leave the hospital due to poor staffing levels. This frustrates the patients (understandably!) and leads to an increase in incidents of aggression and violence."
Inpatient mental health nurse

"We all really struggled to get through the day today. I am applying for work outside of the NHS."
A&E nurse

"When I told my manager I was the only nurse on a shift with 44 residents I was just told that's how it's going to be. There should be adequate qualified nurses on night shifts. We should not be reduced to one nurse just because it's supposed to be quieter at night according to managers."
Nurse in a care home

"Residents having to wait too long to go to the toilet (to the point of real distress), get pain meds, get assistance with food/drink, personal care issues...
No breaks for staff... One carer has been given a rota for nine days of this... Unhappy relatives..."
Nurse in a care home

"Poor staffing also leads to burn-out of registered staff, meaning that your mentor may be off sick for long periods of time and so your learning needs are not met."
Student nurse

"Patient care is seriously compromised when there are not enough staff. Patients at the end of life have no one to sit with them. It is very upsetting when they have no family. Too many patients are dying alone."
Acute adult nurse

"Being unable to attend to a dying patient as quickly as they need is soul destroying."
Acute adult nurse

Appendix 4: RCN UK Safe and Effective Staffing Group members

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Glenn Turp, Regional Director, Northern Region

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