

Staffing for Safe and Effective Care in England

MEMBER BRIEFING



What's the issue?

There are large numbers of vacant posts in all parts of the nursing workforce.

In the NHS in England alone there are now 43,593 vacant posts for what is already funded and in place¹. This means that 12% of nursing posts are vacant. In social care settings the picture is similar: 20% of registered nurse posts have been lost since 2012, and the vacancy rate is around 10%².

When services are understaffed, patient care and safety are compromised.

In 2017, the RCN surveyed members about the impact of staffing levels upon safe and effective care. We found that³:

- Nursing staff reporting less than 50% of the registered nurses planned for were almost twice as likely to report that care had been compromised in comparison to those who had the planned number.
- Respondents with less than half of planned registered nurses were four times more likely to report that care was 'poor' or 'very poor', in comparison to respondents with all of their planned registered nurses.
- A quarter of nursing staff reporting all planned registered nurses on shift reported that care was left undone, compared to half of those respondents with less than 50% of their planned registered nurses on shift.

Why is this important?

Growth in the nursing workforce has not kept pace with rising patient demand.

Increases in the nursing workforce have not kept up with rising needs or demands for health and care services. In real terms, this means that for every additional nurse added to the workforce in NHS acute settings in the last five years, there have been 157 additional admissions.

It is true that there are “more nurses now than there ever have been”. However, there are also more patients than there ever have been, and these patients are living longer, with increasing frailty, more long-term health conditions and

complex needs. In the last year this rose to 217 additional admissions for every extra nurse⁴.

This has come about in part because there is a lack of clarity about the roles and responsibilities for workforce planning and supply, as part of integrated health and care service planning, for Government and throughout the health and care system.

Without this clarity, it has been a challenge for the Government and the system to come together to find solutions to the workforce crisis, and to understand their respective roles. There are still no long term solutions, nor funding, to ensure an overall supply of nurses and nursing staff across the

breadth of publicly funded health and social care services.

In their recent proposals for the update to the Health and Social Care Act, NHS England and Improvement recommend that government “review whether national responsibilities and duties in relation to workforce functions are sufficiently clear”⁵.

We welcome this recognition from the health and care system that a review of duties is required. The aim of this review should enable all the players with a role in workforce supply and planning to understand their own responsibilities, and what they can expect from others.

The RCN is clear that health and care services cannot meet the needs of patients today or in the future if they do not have the right number of staff. We know that patients are not receiving the level of care that the system should be providing for them. We also know that staff members are under increased pressure.

What is the impact?

There is an increasing body of academic evidence which shows a link between insufficient numbers of nurses on a shift, and increases in length of stay, patient mortality, errors and missed care⁶.

Patients face longer waits for treatment and a lack of continuity of care when there are a high number of vacant nursing posts. This could mean that individuals are more unwell by the time they receive support, and opportunities to avoid complications may have been missed.

Vacant posts put additional pressure on nursing staff, meaning they work longer hours and miss breaks.

Our 2017 survey revealed that, on average, the respondents with less than half of their planned registered nurses worked 23 minutes more additional time on that shift than their colleagues who had all the registered nurses they planned for⁷.

Regularly working overtime can contribute to nursing staff experiencing fatigue, which could lead to an increased chance of errors. It also means a reduction in the breaks that staff are getting between shifts, so staff do not have as much time to recover.

What is the RCN calling for?

1. **A costed and funded workforce strategy with short- and long-term solutions for health and care workforce supply, recruitment and retention.**

Government and the system must publish a fully costed and funded national workforce strategy, which understands and responds to the challenges the health and care system is facing, including the experiences of the workforce. It needs to set out credible long term solutions to address challenges, and allocate the necessary funding to implement those solutions.

2. **Clear legal duties and accountability for all those who contribute to workforce supply and planning.** A legal framework must explicitly clarify roles, responsibilities and accountability for supply, recruitment, retention and remuneration of the health and care workforce. Legislation would introduce clear roles for multiple levels of decision-making throughout the health and care system, supported by phased implementation.

What can RCN members do?

- Become an e-campaigner so that you can participate in our campaigns and influencing work www.rcn.org.uk/join-the-rcn/become-an-e-campaigner
- Sign the petition calling for safe staffing: rcn.e-activist.com/page/48391/petition/1?ea_tracking.id=website

Want to provide feedback on this position?

Email us at: papa.ukintl.dept@rcn.org.uk

References

- 1 NHS workforce vacancy data [<http://digital.nhs.uk/pubs/vacancystatsprovFeb15Sep19>]
- 2 Skills for Care (2019) *The state of the adult social care sector and workforce in England* [Available at <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>]
- 3 Royal College of Nursing (2019) *Standing up for patient and public safety* [Available at <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2019/october/007-743.pdf>]
- 4 Royal College of Nursing modelling based on NHS Hospital & Community Health Service (HCHS) monthly workforce statistics, NHS Digital, and NHS Digital data as quoted in House of Commons Library Briefing Paper, Number 7281 31 May 2019. NHS Key Statistics: England, May 2019 and NHS Digital data on cancelled operations <https://www.england.nhs.uk/statistics/statistical-work-areas/cancelledelective-operations/cancelled-ops-data/>.
- 5 The NHS's recommendations to Government and Parliament for an NHS Integrated Care Bill (2019) [Available at <https://www.england.nhs.uk/wp-content/uploads/2019/09/BM1917-NHS-recommendations-Government-Parliament-for-an-NHS-Bill.pdf>]
- 6 Griffiths, P., Ball, J., Drennan, J., Dall'ora, C., Jones, J., Maruotti, A., Simon, M. (2016). *Nurse staffing and patient outcomes: strengths and limitations of the evidence to inform policy and practice*. A review and discussion paper based on evidence reviewed for the National Institute for Health and Care Excellence safe staffing guideline development. *International Journal of Nursing Studies*, 63, 213-225. DOI: 10.1016/j.ijnurstu.2016.03.012 [Available at <https://eprints.soton.ac.uk/390209/>]
- 7 Royal College of Nursing (2019) *Standing up for patient and public safety* [Available at <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2019/october/007-743.pdf>]

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