

Briefing: Staffing levels in the NHS, Westminster Hall Debate, Tuesday 11th December, 4.30-5.30pm.

What you need to know

- Nurse staffing levels and patient safety have been compromised due to a Government failure to ensure a supply pipeline of newly qualified registered nurses across England, and the UK.
- This failure has come about because of a lack of UK Government-level responsibility for ensuring there is an adequate supply of nurses to meet the needs of our patient population. This means shifts are short-staffed and patient care is put at risk. People in need of support are faced with service closures, longer waits for treatments as a result of a lack of workforce planning.
- We know there are not enough nurses. In the NHS in England, there are nearly 41,000 vacant registered nursing posts and we predict this will increase to almost 48,000 by 2023 if the UK Government fails to take urgent action. In particular, mental health and learning disability nursing are at risk and since 2010 there has been a respective 13% and 40.4% reduction in people working in these fields of nursing.
- Notwithstanding significant supply issues, the nursing workforce is in the prime position to deliver transformation in health and care services which are safe and effective - fit for now, and the future. In particular, nurses are vital to delivering a much-needed shift towards caring for people in or near their home, rather than in hospital, or in A&E, whenever appropriate. However, the community nursing workforce has been particularly affected by workforce reductions.
- Workforce planning in England has become increasingly fragmented and incomplete. Six years on from the introduction of the Health & Social Care Act, it is fundamentally unclear who is accountable for workforce strategy and investment. So, as a result, it is not being done by anyone.
- The Government-allocated long term NHS funding package offers a window of opportunity to address the nursing workforce crisis. In a poll conducted for the Royal College of Nursing (RCN) by YouGov, 53 per cent of those surveyed said the Government should spend some of the extra £20bn promised to the NHS on increasing financial support for nursing students.
- During a debate in Westminster Hall on nursing higher education on 21st November, Health Minister, Stephen Hammond, said the Government expects “*NHS England to clearly set out its commitment to the nursing workforce in the (NHS) Long-Term Plan, and ensure that there is a clear way for that plan to be implemented*”ⁱ. Moreover, he added that the Government will consult on proposals “*on the future funding for higher education that the RCN has put forward*”ⁱⁱ.

Urgent action is needed to make sure patients and their families get the care they need:

- **What we need now:** A new RCN student-led campaign called **#FundOurFuture** is calling for the Government to invest a minimum of £1 billion a year back into nursing higher education in England as a matter of urgency. The time to act is now, if we have any chance to increase the number of nurses making applications in January to start courses in September.
- **What we need next:** We need to address the lack of responsibility and accountability for increasing workforce supply and staffing levels within the health care system. Across the UK, we are calling for Government, national and local system accountability for staffing to be specified in law, including the requirement for the health and social care systems to have a credible and robust funded workforce strategy based on population need, and data-driven workforce planning.ⁱⁱⁱ
 - Parts of the UK have recognised this need, with the Nurse Staffing Levels (Wales) Act in Wales 2016, and draft legislation currently in front of the Scottish Parliament.

How you can help support your nursing workforce

- **Write two letters:** firstly to the Secretary of State for Health and Social Care, Rt. Hon. Matt Hancock MP and secondly to the NHS England Chief Executive, Simon Stevens, to set out your concern and the urgent need for financial support for nursing students so they have the support they need to complete their studies at university, and to address the need for significant growth in the nursing workforce supply.

Additional Information

Context: the crisis in nursing workforce supply

The UK is experiencing a nursing workforce crisis, with particularly acute problems in England. We know that one in three nurses are due to retire within the decade;^{iv} and the impact of the Brexit is creating a perfect storm for heightening vacancies across health and care. The result is unsafe nurse staffing levels which compromise patient care and safety, leading to unacceptable risk levels for nursing staff, patients and the wider public. Community services are particularly affected by the workforce crisis, creating a system which continues to focus on acute care, rather than the shift to early intervention and prevention approaches which have been cited as Government priorities.

There is a significant and recognised gap in the nursing workforce supply impacting staffing levels

- Health and social care services in England are short of registered nurses. Currently, there are almost 41,000 vacant nursing posts in the NHS, not including significant shortfalls in social care or public health. A third of nurses due to retire in the next 10 years. Without policy and funding intervention, it is estimated that the will grow to almost 48,000 vacant post in the NHS by 2023.^v
- Safe staffing levels are a persistent issue across health and care, and too often financial pressures takes precedence over workforce planning that is based on long term service need.
- Ensuring that the right number of degree educated registered nurses with the right knowledge, skills and experience are in the right place at the right time is paramount for patient safety. Evidence demonstrates that the right levels of registered nurses deliver safer care with improved patient outcomes.^{vi} A further worsening of the nursing vacancy crisis fundamentally compromises patient safety.

The gap in nursing workforce supply leads to unsafe staffing levels

- Without enough nurses care becomes fundamentally unsafe, frontline staff are compromised and people seeking to access health and care services are not able to receive the care they need. RCN members report that sometimes services are so short staffed that nursing students are inappropriately used to plug gaps in the workforce, looking after patients before they are qualified. This compromises patients' safety and also the ability of nursing students to learn, forcing them to inappropriately carry risk. One nurse responding to our recent survey said:

'I now find myself regularly feeling that I've not been able to provide safe – let alone quality – care to my patients. This is completely inappropriate and unacceptable, and to be put in a position where I feel as though I am harming patients due to a systematic lack of concern for safe staffing levels'.^{vii}

- In 2017, the RCN surveyed^{viii} its members to gain a better understanding of the impact which staffing levels have on them. The findings demonstrated the damaging impact policy decisions are having on patients and nursing staff, and showed that 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.
 - Over half (53%) said care was compromised on their last shift
 - 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) on their last shift
- 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%
- A conservative estimate is that the additional unpaid time worked by registered nurses in the NHS across the UK equates to £396 million annually.

Government reforms to nursing higher education have failed to increase numbers of student nurses entering the workforce

- Recent reform of nursing education was introduced with the aim to increase the number of students studying nursing at university. However, since the changes were introduced in 2016, as of September 2018 overall there are almost 900 fewer nurses due to start at university in England^x, at a time when we need substantial growth.
- Since the mandating of loans for nursing degrees, the profile of students applying to study nursing is changing. This fact is often cited by officials as proof of growth, but alongside this the number of mature nursing students has radically declined, with acceptances onto places in England down 15 per cent.^x This is leaving specialist areas such as learning disability and mental health nursing (the worst hit by the wider staffing crisis) struggling to recruit as mature students are often more likely to choose these specialties. This development stands at odds with Government's stated intention to widen participation in higher education.
- The financial cost of becoming a nurse is turning people away when health and care services most need growth in the number of registered nurses. Nursing students urgently need more financial support if the Government is going to tackle the workforce crisis and increasing supply to the nursing workforce.

There is an urgent need to invest in nursing higher education

- There is an urgent need for investment in addressing the supply gap of registered nurses. The Secretary of State for Health and Social Care stated: *"that is something we will specifically address in the long-term plan for the NHS."*^{xi}
- The Government and NHS England must invest a minimum of £1 billion a year into nursing through higher education to generate 24,000 additional nurses over 5 years.
- As an illustration, at least a £1 billion a year investment into nursing in higher education would allow the following interventions to be undertaken.
 - Appropriate investment in the nursing undergraduate degree, as the primary supply route, must be the priority, for example through:
 1. A universal tuition grant so that nursing students pay no fees and a means tested maintenance grant, or
 2. Forgivable non-means-tested tuition fee loans for nursing students, and non-means-tested maintenance grants to support nursing students with living costs and costs arising from clinical placements
 - This includes several additional areas where investment is needed to enable required growth in the undergraduate degree route.
 - Expansion of the hardship funding
 - Investment in postgraduate pre-registration nursing degree

- Reverse the cuts to continuous professional development for registered nurses. In England, the Health Education England (HEE) budget for 'workforce development', which is used for CPD for nurses, has recently been cut by 60%, from £205m in 2015/16 to £83.49m in 2017/18.^{xii}
 - There must also be investment to generate growth through the other, secondary routes into nursing, which rely on clinical placements (such as apprenticeships and nursing associates).
- England is now the only country in the UK without some form of bursary for the nursing degree, and without the ability to help generate an increase in the supply of registered nurses despite taxpayer funding of health services.

The system needs accountability for the right numbers of staff, with the right skills in the right place

- There are no specific legal duties or responsibilities at UK Government level to ensure that health and social care providers have enough staff to provide safe and effective care to meet the needs of the population.
- Health Education England has some powers related to the higher education supply, however, in practice this relates only to the funding for the 50% of their courses which nursing students spend in placements. They no longer commission higher education university places. In practice, therefore, their role has become entirely responsive to the number of students recruited into Higher Education; they pay for placements for nursing students already on their courses.
- The system is lacking a proactive, accountable, power-holding body who makes robust assessments of population need, calculates the related workforce requirements to meet that need, and then has the power to fund the creation of degree educated registered nurses to fill those required posts.
- No action has been taken to assess the level of population need now or in the future, for health and social care support. Nobody has calculated how many nurses are needed to meet these needs, safely and effectively. No workforce strategy is in place, to set out the mechanism through which new registered nurses can be generated through a supply pipeline. Workforce plans are not consistently available, and when they are, they are based on affordability and finance, rather than the expertise and skill-mix of staff required to care for patients. These plans are limited in their ability to make effective change, given the shortages within the nursing profession. Providers may identify a need for more nursing posts, but then find themselves unable to fill them. Vacant posts stay vacant. Gaps on the frontline are filled by more expensive bank and agency staff, or are substituted to lower qualified staff. Patient care is left undone.
- The highest level of patient care is dependent on having the right number of nurses in the right place with the right skills at the right time. We are calling for legislation to address the lack of accountability for staffing. Other parts of the UK have recognised the need for Government-level action on this issue. In 2016 the Nurse Staffing levels (Wales) Act received royal assent, and it came into force from April 2018. In Scotland, the Health and Care (Staffing) Bill is currently before the Scottish Parliament. In Northern Ireland and in England no action has been taken.

The Royal College of Nursing is the voice of nursing across the UK and the largest professional union of nursing staff in the world.

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References:

ⁱ Hansard, Westminster Hall debate on investing in nursing higher education in England, 21 November 2018.

ⁱⁱ Hansard, Westminster Hall debate on investing in nursing higher education in England, 21 November 2018.

ⁱⁱⁱ RCN, *Nursing on the brink*, 2018. Available here: <https://www.rcn.org.uk/professional-development/publications/pdf-007025>

^{iv} Institute for Employment Studies, 'One in three nurses to reach retirement age within ten years', press release 7 July 2016, www.employmentstudies.co.uk/news/one-three-nurses-reachretirement-age-within-ten-years.

^v Based on analysis undertaken by the RCN of the following: NHS Digital workforce data on vacancies; Nursing and Midwifery Council registrant data on leavers and joiners; Universities and College Admission Service 28 days after A level results day undergraduate data, Higher Education Statistics Agency data on postgraduate student numbers; and Health Education England and Department of Health and Social Care data regarding nursing associates and nursing degree apprenticeships

^{vi} Aiken LH, Sloane D, Griffiths P, British Medical Journal Quality and Safety, *Nursing skill mix in European hospitals: cross-sectional study of the association with mortality, patient ratings, and quality of care*, Accessed September 2017.

^{vii} Ibid.

^{viii} Royal College of Nursing, *Nursing on the Brink* (2017)

^{ix} UCAS, Statistical releases – daily Clearing analysis 2018. Available at: <https://www.ucas.com/data-and-analysis/undergraduate-statistics-and-reports/statistical-releases-daily-clearing-analysis-2018>

^x UCAS, 2018 cycle applicant figures – June deadline. Available at: <https://www.ucas.com/corporate/data-and-analysis/ucas-undergraduate-releases/2018-cycle-applicant-figures-june-deadline>

^{xi} Rt. Hon. Matt Hancock MP, the Secretary of State for Health and Social Care, speech: My mission to make sure NHS staff feel safe and secure at work, 31 October 2018. Available here: <https://www.gov.uk/government/speeches/my-mission-to-make-sure-nhs-staff-feel-safe-and-secure-at-work>

^{xii} ^{xiii} HEE (2014) budget setting for 2015/16 <https://hee.nhs.uk>