National Assembly for Wales / Cynulliad Cenedlaethol Cymru
Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol

Safe Nurse Staffing Levels (Wales) Bill / Bil Lefelau Diogel Staff Nyrsio (Cymru)
Evidence from Department of Health – SNSL(Org) 28 / Tystiolaeth gan Yr
Adran Iechyd – SNSL(Org) 28

Safe Nurse Staffing Briefing

Compassion in Practice Programme

1. Compassion in Practice Nursing, Midwifery and Care Staff Our Vision and Strategy was published in December 2012. Included within this was a programme of work focused on developing tools, guidance and enhancing the evidence base to support safe nursing and midwifery staffing.

National Quality Board Guidance

2. As part of the Compassion in Practice work the National Quality Board (NQB) developed and published guidance that seeks to support organisations in making the right decisions in relation to staffing and creating a supportive environment where staff are able to provide compassionate care to patients.

3. The guidance - 'How to ensure the right people, with the right skills, are in the right place at the right time. A guide to nursing, midwifery and care staffing capacity and capability'[1] - was published on 19th November 2013 and applies to providers and commissioners of NHS services across all care settings. There guidance comprises six key themes:

   - accountability and responsibility
   - evidence-based decision making
   - supporting and fostering a professional environment
   - openness and transparency
   - planning for future workforce requirements
   - the role of commissioning.

4. The guidance does not include any recommendations regarding minimum staffing ratios, principally as there is no single ratio or formula that can be applied to all care settings. Instead it promotes the use of evidence-based tools and the exercise of professional scrutiny within a culture of openness and transparency.

5. One of the key recommendations in the guidance is that Boards must receive monthly updates on nursing and midwifery staffing with establishment reviews being discussed at a public Board meeting at least every six months.

6. The guidance highlights the shared responsibility for ensuring nursing and midwifery staffing and details the key roles of individuals and national organisations in relation to this. Two national training events were held in March 2014 to support Directors of Nursing and colleagues with the implementation of this guidance.

7. The NQB guidance brings together tools, resources and examples of good practice as a practical guide to help NHS providers and commissioners. To take this forward in the

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[1] http://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf

longer term however, NICE were asked to conduct a comprehensive review of the evidence in this area and produce definitive guidelines on safe staffing levels to support local decisions at ward and organisational level.

NICE Staffing Guidelines

8. NICE were asked by the Department of Health and NHS England to develop evidence-based guidelines which set out safe staffing levels for the NHS, and review and endorse any associated tools. The guidelines are primarily for use within NHS provider organisations or others who provide or commission care for NHS patients. NICE were not asked to set minimum staffing levels but to look at the evidence about what was most appropriate.

9. The topic areas for NICE's work were prioritised according to where the most research was available, to allow time for the evidence base to develop. The first NICE guideline '*Safe Staffing for Nursing in Adult In-Patient Wards in Acute Hospitals'*[2] was published in July 2014. The second guideline on '*Safe Midwife Staffing in Maternity Settings'* has been consulted upon and the final guidance will be published in February 2015. The third guideline '*Safe Staffing for Nursing in Accident and Emergency Departments'* is in development, with publication of the final guidance expected in May 2015.

10. Future NICE guidance will be developed for:

    ▪ Mental health nursing in in-patient settings (by October 2015)
    ▪ Community Nursing Teams (February 2016 TBC)
    ▪ Mental Health Nursing in Community (May 2016 TBC)
    ▪ Learning Disabilities Nursing in the Community (October 2016 TBC)
    ▪ Learning Disabilities Nursing in In-Patient Settings (January 2017 TBC)
    ▪ Acute in-patient paediatric and neonatal units (May 2017 TBC)

11. A separate process has been established by NICE to review and endorse tools in line with its staffing guidance. The Safer Nursing Care Tool[3] has been endorsed by NICE in relation to the Safe Staffing for Nursing in Adult In-Patient Wards in Acute Hospitals guideline.

12. The NICE Safe Staffing for Nursing in Adult In-Patient Wards in Acute Hospitals (Safe Staffing Guideline 1) guideline states:
    '*there is no single nursing staff-to-patient ratio that can be applied across the whole range of wards to safely meet patients' nursing needs. Each ward has to determine its nursing staff requirements to ensure safe patient care. This guideline therefore makes recommendations about the factors that should be systematically assessed at ward level to determine the nursing staff establishment'* (Section 1 – Recommendations, page 10).

Publication of Staffing Data

[2] https://www.nice.org.uk/Guidance/SG1
[3] http://shelfordgroup.org/resource/chief-nurses/safer-nursing-care-tool

13. The Department of Health response to the Francis Inquiry Hard Truths. "The Journey to Putting Patients First" (2013); included the requirement that:

'*from April 2014, and by June 2014 at the latest, NHS Trusts will publish ward level information on whether they are meeting their staffing requirements. Actual versus planned nursing and midwifery staffing will be published every month; and every six months Trust boards will be required to undertake a detailed review of staffing using evidence based tools'.* A process has been established and this data is collected and published on NHS choices[4].

14. We are currently developing a range of additional staffing information which will be published and used to provide a RAG rating of staffing for each organisation. The key reason is that numbers alone are not enough. The culture and environment plays a significant part as does the use of temporary staff, staff experience and issues such as sickness and turnover.

15. Guidance has also been issued on monitoring and improving the "contact time" nurses spend with their patients. Again, this is important as numbers alone may not mean time spent providing care to those in need.

Monitoring the Implementation of NICE's Staffing Guidance

16. The implementation of NICE safe staffing guidance is a decision for local organisations. Through the standard contracts in place between commissioners and providers of care it is expected that good practice in this area will be followed. Directors of Nursing, together with other members of their Boards should review the implications of the NICE guidance on their local organisations and prepare a report for their Board outlining where the guidance is met and areas for further work. Decisions are then taken within local organisations regarding the agreed priority actions.

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[4] http://www.england.nhs.uk/tag/staffing-data/