RCN Legal Disclaimer

1. Introduction

At Congress 2017, the membership of the Royal College of Nursing (RCN) raised the alarm on the growing nursing workforce shortages across the UK, and their concern at the implications on patient safety.

We received a clear mandate from members to lobby for clear accountability for ensuring the provision of an adequate supply of registered nurses and nursing support staff, throughout the health and social care system to meet the needs of the population, in every country in the UK.

Having the right number of registered nurses and nursing support staff with the right knowledge, skills and experience in the right place at the right time is critical to the delivery of safe and effective care for patients and clients. The planning and delivery of nurse staffing for safe and effective care is necessarily complex due to the constantly changing circumstances and associated complexity and acuity of individual patients and clients.

In calling for clear accountability through legislation and guidance, language is incredibly important, and shared understanding is critical. The RCN has therefore undertaken extensive engagement with members, RCN Boards, and nursing workforce experts, which we set out in this report. The outcome of this engagement is a set of RCN principles which provide high-level objectives which most meaningfully represent what we need to achieve on staffing for safe and effective care, though legislation, statutory instruments and guidance, and sufficient funding, in every country in the UK.

> “I’ve only been qualified seven months and I’ve never worked a shift where the staffing levels are adequate.”

The numbers of nursing students are not growing quickly enough across the UK as a whole.

Legislation on staffing currently is in different stages of development in Wales and Scotland.

In Wales the Nurse Staffing Levels Act received Royal Assent in March 2016, but the RCN campaign in Wales hasn't stopped there. Statutory guidance explaining how to implement the Act was issued to NHS Wales in November 2017 and we have worked hard to make sure that protected time for educational mentors and the supernumerary status of the ward sister/charge nurse was protected. The Act has fully come into force in April 2018 and RCN activists in Wales are now busy scrutinising the Health Boards and challenging decisions locally. The RCN in Wales is also calling for scrutiny of the implementation in the National Assembly. At the same time the Welsh Government has promised to extennme ɔ Ꮒ Ṇ ᒪ ᴵ " W

It is more important than ever to hear directly from the frontline, across health and care services in the UK, about the reality of current staffing levels and the impact that this has on people using health and care services, and on staff.

Since our annual Congress in 2017, we have carried out a range of engagement activity with RCN members, to develop our understanding of the issues related to staffing for safe and effective care which must be addressed by legislation and other relevant policies and action.

RCN representatives and stewards

In June 2017, we held a workshop with more than 100 RCN learning representatives, safety representatives and stewards who provide

- Transparent decision making in workforce planning and management, including data/ incident reporting and application of learning, open communication between leadership and staff, decisions focused on patients' needs and not driven by finance, service offer reviewed, decisions about nurses and nursing underpinned by the NMC's *Code of Practice*.
- Local protocols and guidance to support nurses to raise concerns by staff in all settings, and to support professional accountability, appropriate use of bank and agency staff with the right competencies, and appropriate movement of staff between specialist services to cover staffing gaps.
- Staff are valued by their employer, through measures such as flexible working, promotion of non-bullying culture, access to occupational health and subsidised health/wellbeing services including counselling, leadership highlighting success, encouragement and support for innovation, time allowed for debriefs at end of shift for learning and emotional support.

In May 2017, at our annual Congress, we launched a survey asking frontline nursing staff to report their experiences and perceptions in their last working shift or day working in health and care settings across the UK. In September 2017, we published *Safe and Effective Staffing: Nursing Against the Odds*, which published findings from 30,865 responses.

Our key findings included:

- 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 reported being short of one or more health care support workers.
- 20% of the registered nurses across the 30,000 shifts were temporary staff and 28% of health care support workers were temporary staff.
- 36% said that due to a lack of time they had to leave necessary patient care undone.
- Over half (53%) said care was co

unable to 'provide a good death' due to staffing shortages and lack of time to be able to spend with individual patients.

In community settings, which include providing nursing care in people's homes, and in primary care services, schools or hospices, caseloads and visiting schedules are described as unrealistic due to the lack of staff to carry out visits. Respondents described how this resulted in

The Royal College of Nursing and senior nurse members from across the UK have worked together to act on the concerns raised by of frontline staff about nurse staffing for the provision of for safe and effective care in all health and care settings. The following points within this statement clearly identify actions required to address the professions' concerns.

The RCN will lobby for legislation and supporting statutory instruments to be in place for each country of the UK that clearly demonstrates specific accountability within each health and care system to ensure that nurse staffing is appropriate to provide safe and effective care.

1. Nurse staffing that provides for safe and effective care enshrined in law is appropriate and required within each country of the UK.
2. Legislation should be devised to specify accountability for staffing across health and social care systems, in a manner that addresses supply and demand in the nursing workforce.
3. Government, national and local system accountability for staffing must be specified in law, including the requirement for health and social care systems to have credible and robust workforce strategy, and data-driven workforce planning.
4. Funding should be established, developed and follow models of safe and effective care.
5. There must be corporate accountability for staffing at Board level (national, regional and local) of public and independent organisations, in all health and care settings. Executive Directors of Nursing are responsible and accountable for the advice that they give to Boards, and Boards are responsible and accountable for the actions they do or do not take as a result of that advice.
6. When determining "safe," legislation must address ensuring "the right numbers of registered nurses with the right knowledge, skills and experience in the right place at the right time."

I had enough time to provide the level of care I would like **(n. 3(n. 3(**					**q**		

I was concerned about the skill mix (n. 27,481)	A care home	A hospital	Other	Prison/police custody	The community	Urgent and emergency care (non-hospital)	Total
Strongly agree	15%	16%	12%	23%	10%	20%	15%
Agree	31%	31%	24%	26%	26%	28%	30%
Neither agree nor disagree	24%	22%	23%	22%	26%	23%	23%
Disagree	23%	24%	27%	23%	28%	22%	25%
Strongly disagree	7%	7%	14%	6%	10%	8%	7%

I was able to provide the quality of care that I would want to receive as a patient (n. 27,491)	A care home	A hospital	Other	Prison/police custody	The community	Urgent and emergency care (non-hospital)	Total
Strongly agree	9%	9%	17%	10%	15%	15%	10%
Agree							

I felt upset/sad that I could not provide the level of care I had wanted (n. 26,786)	A care home	A hospital	Other	Prison/police custody	The community	Urgent and emergency care (non-hospital)	Total
Strongly agree	19%	22%	15%	22%	17%	16%	21%
Agree	33%	34%	24%	38%	27%	30%	32%
Neither agree nor disagree	18%	18%	25%	20%	21%	20%	18%
Disagree	20%	20%	23%	14%	25%	23%	21%
Strongly disagree	9%	7%	13%	6%	9%	11%	8%

Thinking more generally, if there are not enough staff, or it patient care is compromised, have you been able to raise a concern? (n. 26,871)	A care home	A hospital	Other	Prison/police custody	The community		Total
No	19%	2%	17%	22%	18%	17%	20%

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Safe and effective care survey — free text responses on perceptions and wellbeing

The themes presented in this report are based on exploration of free text information entered by 17, 819 respondents. These entries provide examples and further detail related to the closed

compromised, e.g. today I had a patient who was end of life and needed a syringe driver, we were unable to start it for several hours as no doctors were free to prescribe it. Newly qualified staff often cry during shifts due to stress and a fear of compromising patient care. I genuinely feel like I've been put in positions where my pin is at risk due to unsafe staffing levels.

Not enough time to talk to patients. Repetitive answers in paperwork because it has to be done, and not enough time to do it properly. Drugs nearly always late, and an increased risk of errors because you have to do other things such as give out commodes at the same time as doing drug rounds. Reduced staffing puts you at risk of losing your pin, because management will not back you up if you make a mistake due to poor staffing.

Working in a busy oncology clinic is demanding

a shift because you feel that you haven't been able to provide the best possible care to patients, exhausted from not being able to take a break.

When there are staffing level issues I feel I question if I am good enough to be a nurse, sometimes I feel I'm not "cut out for this" — and there are also occasions where relatives/ families may complain due to me not being able to complete some necessary tasks or care due to not having time. This makes me feel I have failed my duty to that patient despite sometimes staying over one hour late (unpaid) to finish some tasks.

I am not sure if I want to stay in nursing. I feel the care I give is compromised by trying to complete specific tasks which are more concerned with audit and performance rather than care of the patient. The paperwork is onerous, repetitive and does not facilitate care planning. It is recognised that the staffing levels are inadequate and our senior charge nurse is trying to address this with management with some success.

Increased staffing absence, increasing turn over in staff, vacancies, increased stress and pressure on existing staff. Increased expectations from management to achieve standards and increased expectations of service users, unrealistic towards the reality of the situation. "Pressure. Cooker"

Certain shifts I have worked, I have not had time for breaks and have felt demoralised and exhausted. I have had occasions when my feet have been blistered and bleeding after work. Due to poor staffing there has been incidents where personal care has been delayed and relatives have been aggressive and abusive towards staff due to this.

Short staffing levels effect the patients, they can tell we're stressed and running around so therefore they feel afraid to ask for help. It also creates a stressed atmosphere and when they're isn't enough staff even for basic personal care of two people to a patient then the patient isn't cared for in the manner in which you wish you were doing it, which is awful.

I now work in a day surgery unit which is staffed well with a good mix of skills. However senior management often pull staff from our unit to cover the ward areas that are short. This then leaves us short with a high turnover of up to 60 patients a day. When I worked in the wards the staffing was terrible and I felt I could not give the care I wanted to. Patients deserve better care.

As senior charge nurse I feel I have to be the strong person for everyone and can go above and beyond the call of duty when staffing is below safety levels to ensure staff on duty are supported and patient care is maintained. This often means you are firefighting with your other managerial duties. Sometimes my brain is like a messy filing cabinet, which in itself is exhausting. Somehow you pick yourself up and start again the following shift.

Staffing levels have a very negative impact on everyone. We are unable t e Ĭ

management and amount of increased work load with no extra staff. Palliative care patients are not getting the quality of care they should be receiving some being left alone for hours as staff are too busy to check them. Patients who are needing help to feed are being denied due to staffing levels!

When staffing levels are too low, in my outpatient clinic we try to provide the very best care for our patients. Patent care is the last thing to suffer. However, the stress, working extra hours, lack of breaks and pressure put on us makes us nurses ill and demoralised. Nobody can work like this.

There have been times where as a student nurse or as an auxiliary I have had shifts were we as a whole struggled due to staffing levels but nevertheless pushed on to provide the best care we can for patients. We are there for our patients because they matter.

We are a neurosurgical ward and our patients require a lot of care due to their challenging and diverse needs. We are staffed to take this into account. Unfortunately higher management see this as having too many staff as they only look at staffing levels and not the time that it takes to care for these type of patients. Consequently nearly every shift one of our nurses are taken to staff another ward!

My area of work is regularly used as a 'bank' for the level 3 NICU sister unit, we are regularly left short staffed in order to cover staffing issues in the NICU. Morale is extremely low with staff stating that they feel completely demoralised and only come to work as they feel they need to support colleagues

We received four post-operative patients within an hour of each other. Due to staffing levels I was unable to perform observations in a timely manner. A patient in my team needed a nasogastric intubation tube, I didn't get time to do this during my shift so stayed on an extra 20 minutes to complete this to ensure the patient would be fed that night.

We have had an increase in patient falls recently, we often work understaffed and are therefore unable to observe the patients as much as I would like. We get berated if we submit Datix forms about dangerous staffing levels and we ofteenb61 80. (a)5.9 (804C2e f7.6 (wr)62.4 (.)12.6 (s050804F0.8661 1 i)13(ne)2 (t

in the car. Lone working policies not adhered to and nurses' safety compromised daily.

We are unable to provide a service at weekends due to poor staffing levels. Service Users in crisis are left without any support.

We have staffing shortage, the trust do try to recruit but just not enough qualified staff locally/ nationally. Emphasis put in to defining referral criteria, but this does risk excluding some patient groups.

Associate Directors and senior management they are only concerned about bed management and timeframes when patients can be discharged. A lot of avoidance, not willing to validate the anxieties and stress staffing constrains put on those who turn up for work.

All staff generally doing more than two hours extra work a day than they should. As a team leader with the specialist practitioner qualification in District Nursing, I spend most days completing clinical work — with no time for management — therefore all management and admin is completed in my own time at home.

Better care outcome for patients if staffing levels adequate. Time to deliver holistic care is not possible, conflicts with what we as nurses espouse to do daily but cannot. Frustrating and demoralising need to dig deep to keep going. Only motivator is patient and families and knowing you make a difference keeps intrinsic motivating factors alive. How long can I keep going on this?

Currently have been in district nursing 25 plus years. I'm currently looki

Staffing levels mean I am often the only nurse on a drop in, this can be after 5pm or on a Saturday. Managers state they are available by phone and very rarely are. When iss occr and yo require advice or to get permission this is then impossibo you havo makcisions, which

achieve the basic safeguarding first but when the flu immunisation programme starts in October I'm not sure how we will continue to deliver a safe service. This also impacts on us being able to contribute to the Public Health of our school aged children with many elements of our role disappearing.

Several patients walked out of clinic as we were unable to satisfy their needs at the time.

Staff are looking for new jobs. Morale is rock bottom with no signs of any chance of it improving. Staff are crying and feeling depressed. Staff feel unappreciated and concerned about potential complaints and or incidents which may arise. Paperwork and documentation is a heavy time consuming burden which is taking qualified nurses away from patient contact.

I was unable to address multiple health problems that majority of patients present with. 15 mins isn't enough to examine, assess, prescribe and explain treatment for one problem never mind for four issues.

I have had to recently write to the Local Health Board and commissioners to say that there is a real danger that our team will fail to meet the continuing care cover required for a few families in a certain area. As a new manager of the service I find myself awake at night contemplating how I can manage a service that is so understaffed.

Large amounts of time completing paperwork or rushing to complete paperwork due to a patient being admitted to hospital or being assessed under the MHA and subsequently sectioned takes its toll, as quite often you forego lunch/ drinks or even simple things like going to the toilet. Having to start work earlier and still finishing your shift late, unpaid, with paperwork still outstanding, is demoralising and frustrating! This results in feeling exhausted and losing the will to return to work.

3 Care homes

Home has trained carers for 12 weeks calling them care practitioners to save on nurses but all it does is increase your level of responsibility leaving you frustrated and doubling your work. My last shift was my first shift of the week where I had the correct staffing numbers. I regularly work 70+ hours a week due to lack of qualified staff. I can't go home after a 12-hour night shift if the day shift nurse calls in sick and have had to stay another 12 hours to do the night shift. Am physically and mentally worn out. Mar 1-t(-)- >>BDC (hen.5 (f)-3 (2 h))-6.7 (a)-2. (nd d)2.1 (o)

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Staff are altered from shift to shift without prior request/notification, this impacts on child care and family life in general. Majority of managers care more about the money than the quality of care delivery to the residents. Staff from overseas given jobs with virtually no understanding of the English language. Staff being allowed to work a full day then carry on to night shift. Managers knowing full well that their staff have other jobs, however continue to give them 30+ hours per week in the home.

Having new staff who don't know environment/ clients and not completed full induction are expected to be included in staffing levels thus causing staff conflict. Short staffed but expectations to have workload completed as if fully staffed. Agency nurse not receiving full handover of clients thus compromising care needs. Having to spend less time with clients. Having inadequate staffing levels compromise planned care which gets neglected and planned care not adequate to individual needs thus not being person centred. Inadequate staffing levels equate to task orientated care rather than person-centred.

I feel one nurse for 30 residents is far too much. You put your residents first so you have no breaks on a 12-hour shift. You have three drugs rounds, paperwork, updating care plans etc. It's so hard to spend quality time with residents.

I have stayed after my shift as staff nurse regularly to take on health care position unpaid to make sure that my staff are supported and not under stressed and help then with their duties.

We are apparently fully staffed but despite the best efforts of support staff, we are only achieving basic care without the time or encouragement to provide a satisfactory quality of life for residents.

As students, we rely on all members of staff to assist in our learning. If the team is short we are expected to fill this gap. This comprises our overall learning and is not acceptable as there is no supervision.

For me — doubting my career choice, anxiety, low mood. For residents — lack of time to support emotional needs, care plans not truly reflecting current needs.

Worked through my break to ensure patient care was not compromised, stayed 45 mins after shift to ensure writing was up to date.

Too much time spent trying to cover shifts from staff phoning in sick. This time should have been

may or may not be in the building so staff feel very vulnerable during these times.

Not enough staff qualified and unqualified taking calls. Queues not being managed appropriately. Inappropriate calls being queued.

Nurses being used as call handlers. Patients waiting too long for call backs.

Calls that should have been waiting a maximum of 2hrs were waiting over 4hrs. Nurses doing the work of call handlers and not nurses, while calls are waiting more than double the safe call back time.

They are expanding a service and doubling the work load but nowhere near enough staff to deal with the volume of calls coming in. Patient care is being compromised daily.

Too much emphasis on triage and not the patients we physically see.

I work for a mental health crisis team, our staffing levels have been denuded over the years from five or six staff per shift to often three or even less. We are regularly breaching assessments (clients not seen within four hours)

Poor levels of staffing leads to long delays in people accessing health care. With some waiting over seven hours for an assessment.

Nervous that an emergency will occur and not enough staff to cope with this and everyday duties.

Not enough nurses using health care assistants in the numbers too. Much pressure and workload

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.

I don't have days off as I am always trying to backfill shifts. If we work over our time it's considered tough luck and we are told to

Work in very small specialised team. Have to ensure only one member of staff on A/L at any one time. No cover for sickness except for current staff. May have to cover even if on annual leave (and have previously done so) in which case had to cancel annual leave and move it to another time. Also minimal resources may it very difficult to do job effectively, also workspace not an ideal environment to do workload efficiently.

We are a dementia assessment unit and my role is a life skills recovery worker but all I do all day is cope from one hour to next without an incident happening, as there are not enough staff to cope with the demands of our unit. The bank and agency are not interested in patients, some are so tired as they work day after day without giving there all. I love my job and get deflated when all around me are just there for the pay packet. The set out of the building also means the staff that are there are not worked big together as one team.

Delay discharge of patients. Lack of effective mental health follow up because of poor staffing levels. We positively manage referrals so are as effective as possible. We have good effective relationships with our general hospital colleagues. We have some consultant

staff wellbeing at risk. Unfortunately, it is recognised that money is a factor of play... the type of service I work in there used to be an additional 'forensic' pay which was stopp l'