

Can NHS staffing levels be boosted by encouraging lapsed nurse registrants to return to practice?

Introduction

In early 2014, the National Institute for Health and Care Excellence (NICE) which develops standards for high quality healthcare was commissioned to develop evidence-based guidelines, which set out safe staffing levels for the NHS. The focus of this work has been orientated around nursing and midwifery staffing levels, including nursing support staff, and it intended to ensure an appropriate balance of skill-mix across the whole team within hospital wards and in other clinical settings. In May 2014 NICE realised a draft version of what is intended to become the benchmark for safe nursing staffing levels in the NHS. The most crucial recommendation of this draft NICE guideline is based on the assertion that patients are at risk of harm if a nurse has to care for more than eight patients on a ward during the day. This recommendation of not more than 8 patients is at odds with new research conducted by Aitken et al (2014), which shows that that patients in hospitals in which 60% of nurses had bachelor's degrees and where nurses cared for an average of six patients, would have almost a 30% lower mortality than patients in hospitals in which only 30% of nurses had bachelor's degrees, and cared for an average of eight patients. This notwithstanding, the draft guideline recognises that if each registered nurse is caring for more than 8 patients during the day time on a regular basis, the risk of harms to patients is increased. Crucially the new guideline recommends that senior nurses should take responsibility for considering 'red flag events' as indicators of the clinical area becoming in danger of being under-staffed. This would facilitate a tailoring of the number of available nursing staff as needed

<http://www.nice.org.uk/newsroom/pressreleases/PatientNeedsMustComeFirstWhenDeterminingSafeStaffingForNursingInWards.jsp>

It is important to stress that some hospitals have already made changes to the way in which they assess patient dependency and staffing levels by using acuity tools. (Brenan and Daly 2009)

The role of Health Education England (HEE) in encouraging lapsed registrants to return to practice.

HEE was established as a Special Health Authority in June 2012. (HEE 2012) <http://hee.nhs.uk/>

The national commissioner for health care education operates through 13 Local Education and Training Boards (LETBs) that are responsible for the training and education of NHS staff, both clinical and non-clinical, within their geographical area. One of the key national functions of Health Education England is to ensuring the security of supply of the professionally qualified clinical workforce. Health Education England is working on a range of projects one of which is concerned with returning lapsed registrants back into clinical work .In May 2014 Health Education England (HEE) completed the first stage of this project to encourage nurses to return to work in the NHS.

This project is timely as in recent months there has been much speculation within the press about safe levels of nursing staff. For example a report in the Guardian newspaper has revealed that the number of beds available for sick children at a well-known London hospital have been temporarily reduced because of a shortage of paediatric nursing staff.(The Guardian 2014)

http://www.guardian-series.co.uk/news/11227613.Cuts_to_hospital_beds_due_to_staff_shortages/?ref=var_0

Similarly, the Guardian has also indicated that British hospitals may need to recruit an additional 20,000 more nurses

<http://www.theguardian.com/society/2014/may/09/hospitals-need-thousands-extra-nurses-or-patients-safety-at-risk>

The project by HEE to attract lapsed registrants back to the profession will obviously help to boost nurse-staffing levels and this is underscored by a Royal College of Nursing report, which indicates that 58% of nurses who participated in a survey report being under too much pressure. Impotently, 55% testify that they are unable to provide the level of care that they would wish because of this pressure. (RCN 2014)

http://www.rcn.org.uk/newsevents/news/article/scotland/nursing_student_numbers_going_up,butshortage_of_nursespersists,_says_rcn

HEE's plan to attract nurses back to the register

The crux to the conundrum of skill mix in clinical settings is in ensuring a sufficient supply of registered nurses based on the premise that the care patients receive may only be as good as the nurses who deliver it. The early findings of HEE reveal that:

- those returning to practice are often mature nurses who bring a wealth of experience;
- After returning to the register many often go on to be employed by the Trust actively engaged in interviewing, selecting and supporting them through their return to practice course;

- University Return To Practice (RTP) courses have low attrition rates.
- Nurses returning to practice via this route often stay continually employed until retirement.
- RTP course are very cost effective, with course fees range from £600 to £1,500, compared to the £70,000 cost of three-year pre-registration training.

However, the HEE report shows that there are inconsistent practices across the country and those wishing to return to the register have mixed experiences when undertaking their RTP course. HEE is now embarking on the next stage of this work, which will be to design an efficient process to ensure the success of any campaign encouraging nurses to return to practice. They also recognize that preventing nursing staff from leaving is equally important and will require focus and attention. In North America nurses who are employed in magnet hospitals (i.e. those that provide excellence in nursing) experience higher levels of empowerment and job satisfaction and the elements accounting for differences in empowerment and job satisfaction scores are primarily attributed to better support of autonomous nurse decision making by magnet nurse leaders. (Upenieks 2003)

Returning to practice

HEE will also review of the content of the RTP educational programmes to ensure they meet the needs of modern practice and the significant skills nurses need to work in contemporary clinical settings. Currently Nurses must maintain their registration by meeting the post-registration education and practice (Prep) standards, which are set by the NMC.

Currently to maintain registration with the NMC, nurses need to declare that they have completed:

- 450 hours of registered practice in the previous three years and
- 35 hours of learning activity (Continuing Professional Development) in the previous three years.

These requirements must be met every three years, and are declared when renewed. (NMC 2014)

When nurses are unable to fulfil the Prep standards, they need to complete an approved return to practice programme. It is this group who HEE want to target as a way of boosting nurse staffing levels in English health care settings.

An approved NMC Return To Practice programme as is currently offered is not less than five days in length and the actual length and nature of the programme is determined by the education provider and the particular individual and this takes into account the applicants registration history. This may change when HEE completes its work on return to practice. Typically, a RTP will run over a 20-week period during which time the RTP student will expected to complete 150 clinical hours and commit to attending 16 study mornings. Often all candidates must complete 80 hours of self-directed study over the 20-week period.

(NHS Goundation Trust. Return to Nursing)

Conclusion

The momentum to establish nurse-staffing levels in clinical settings is gathering pace and the publication of the draft NICE nurse staffing guideline heralds closer regulatory inspection of safe staffing levels. Health Education England recognizes the latent potential of the untapped resource that lies in lapsed nurse registrants. Their work to increase uptake of these lapsed registrants to RTP courses is indicative of their desire to ensure a plentiful supply of registered nurses over the coming years.

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Key points

- RTP course are very cost effective, with course fees range from £600 to £1,500, compared to the £70,000 cost of three-year pre-registration training.
- In May 2014 NICE realised a draft version of what is intended to become the benchmark for safe nursing staffing levels in the NHS.
- When registered nurses care for more than eight patients during the daytime on a regular basis, the risk of harms to patients is increased.
- The project by HEE to attract lapsed registrants back to the profession is designed to help boost nurse-staffing levels

References

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NHS Goundation Trust. Return to Nursing. <http://www.uhs.nhs.uk/WorkingHere/Typesofjob/Nurses/Returntonursing.aspx>

NMC 2014

<http://www.nmc-uk.org/Educators/Standards-for-education/The-Prep-handbook/>