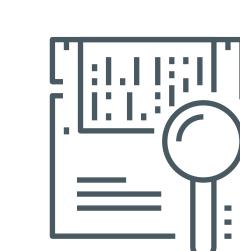
SAFE STAFFING POLICY IMPLEMENTATION

THE RESEARCH

How have safe staffing policies been implemented in NHS acute hospitals in England and what impact have they had?



national survey



analysis of national data



four case studies



realist evaluation

PRE-FRANCIS



No national policy on nurse staffing guidance



Decisions on staffing made at a local level

So much of what goes wrong in our hospitals is likely, and indeed it was, in many regards, the case in Stafford, due to there being inadequate numbers of staff, either in terms of numbers or skills

Sir Robert Francis, 2013

POLICY RESPONSE TO THE FRANCIS INQUIRY (2013)

'Patients First and Foremost'

Department of Health 2013

National Quality Board

Principles Trusts expected to use to plan staffing

NICE safe staffing guidelines Guideline safe staffing for

adult acute wards

Data Transparency

Wards to display RN numbers Hospitals to publish RN staffing data

Safer Nursing Care Tool

Endorsed by NICE for use on general acute wards to plan nursing numbers

THE IMPACT





Increase in Registered Nurses and HCAs since 2012



Better systems for planning in Trusts
Use of SNCT and electronic rostering
Staffing reviewed every 6 months at least



for nursing workforce has improved

Board awareness of staffing

94%

as an issue has improved



is now part of the culture in the Trust at every level of the organisation





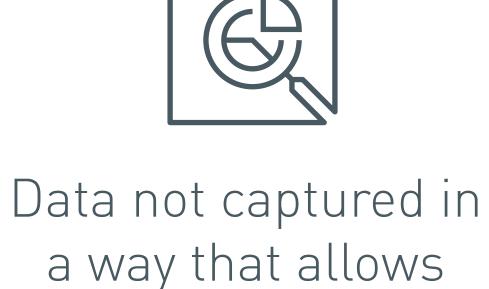
also increased; no net increase in RN staffing per patient

Patient numbers





vacant due to lack of Registered Nurses



ward staffing levels
to be assessed



1:8 is the nurse staffing level NICE clinical guideline (2014) identified as being associated with increase risk of harm

to patients - which should prompt review

We've got a virtual storm of financial pressures, increased demand, difficulties finding staffing, and pressure on the service to continue delivering.

Sir Robert Francis, 2017

RESEARCH CONCLUSION

"Safe staffing policy led by the Department of Health has not been matched by Treasury commitments

sufficient RNs to deliver it."

and national workforce plans, leaving NHS Trusts with the responsibility for safe staffing, but without