

Implementation, impact and costs of policies for safe staffing in acute trusts

University of Southampton and Bangor University have been commissioned by the Department of Health Policy Research Programme to jointly undertake a study on the implementation, impact and costs of policies for safe staffing in acute trusts. The research builds on recently commissioned Health Service & Delivery Research studies that the universities are undertaking on safe staffing and the use of nursing workforce planning tools.

Background

Having enough staff, with the right skills, is essential for patient safety. Research demonstrates a link between the number of registered nurses on duty and the risk of a patient dying whilst in hospital. An inquiry (led by Sir Robert Francis) highlighted that many decisions about nurse staffing in hospitals had been made without using evidence. Changing nurse staffing without considering the effect on patient care had led to poor care and higher than expected death rates at The Mid-Staffordshire NHS Trust. He recommended that research evidence was used to ensure hospitals are staffed safely. NICE (The National Institute for Health and Care Excellence) were asked to develop guidelines for different nursing areas, starting with acute hospital wards. They also endorsed a tool to help hospitals plan nurse staffing: the Safer Nursing Care Tool (SNCT).

Aims & Objectives

The study aims to identify the costs and consequences of implementing safe staffing policies in NHS acute hospitals. It will also look at the factors that have made a difference to how the policies have been implemented: what has worked well for whom, and in which situations.

We will focus on two safe staffing policies that came out of the government response to the Francis Inquiry:

- Guidance launched by the National Quality Board (NQB) and Chief Nursing Officer in November 2013, which set out ten expectations of NHS Trusts in relation to staffing.
- National Institute for Health and Care Excellence (NICE) guidance on safe staffing for nursing in adult inpatient wards in acute hospitals, published in June 2014, and accompanied by endorsement of the Safer Nursing Care Tool (SNCT).

We will use a mix of methods to look at how safe staffing policies have been carried out, how this has varied in NHS Trusts, what changes were made to staffing levels, and how staffing changes may have affected patient care. The specific objectives are to:

- Describe how safe staffing policies have been implemented in local NHS Trusts
- Determine the associated costs of policy changes in NHS Trusts
- Describe the effects and outcomes of safe staffing policies (both intended and unintended)
- Describe the factors that have made a difference to how Trusts have implemented safe staffing policies

Rationale for the study

At a workshop held in Southampton in October 2015 involving 23 members of the public, carers, and patients, 'nurse staffing' was ranked as the top choice for research to improve care in hospitals. The NHS needs to know how safe staffing policies have been carried out, how this varies across the country, what it has cost, and what impact it has had on patients and staff. Understanding what worked where, and for whom, can help inform future guidance provided to the NHS. In the current financial climate, using resources (staffing is the biggest element) wisely to minimise the risks of hospital care and maximise the benefits to patients is essential; understanding the costs and effect of implementing safe staffing policy is central to this.

Methods: How will we do the study?

We are using a combination of methods:

- 1) National survey; 155 acute Trusts using online / paper administration to understand how trusts have responded to safe staffing initiatives, including uptake and implementation of the SNCT
- 2) Analysis of existing national data to explore changes in staffing over time within acute trusts and to identify shifts between acute trusts and other sectors.
- 3) Case studies using in-depth qualitative study of implementation using a realistic evaluation, quantitative methods and economic approaches, in 4 acute NHS trusts.

Advisory group

The project will be supported by an advisory group that will meet up to 3 times a year. Two advisers to the study have been recruited from the many people (members of the public and patients) who expressed an interest in this topic through our public consultation survey and workshop. Other members of the advisory group will include methodological experts (who oversee how we do the research), policy advisors and NHS staff and directors of nursing.

The research team

The study is led by Jane Ball and Peter Griffiths at University of Southampton. The team at Southampton have extensive experience of research examining the costs and effects of workforce change and deployment in healthcare. The Bangor University team, led by Chris Burton and Jo Rycroft-Malone, have particular expertise in looking at factors that influence how policies are put into practice in the NHS.

Relevance & dissemination

Findings will be shared with different audiences (including the public, patients and carers and interested groups) at relevant points during the study, and on completion. Whilst the focus of the research is on NHS acute Trusts in England, the findings on the costs and consequences of adopting safe staffing policies, and lessons learnt about policy implementation more generally, will have relevance to other parts of the health service.

For further information please contact study lead:

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