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Dear Colleague,

Ensuring the NHS is safely staffed

I am writing to update you on the next steps on our shared work programme to improve the safety and quality of NHS staffing. But let me first tackle head on three misconceptions.

First, nothing we are doing changes the NICE guidance that has already been issued. 'Safe staffing for nursing in adult inpatient wards in acute hospitals' (July 2014) and 'Safe Midwife Staffing in Maternity Settings' (January 2015) are important parts of our approach to ensuring safe and high quality care. The next phase of the NHS's role in this area is focusing on new care areas and will not involve going back on the guidance already published.

Second, nothing in this work programme in any way challenges or contradicts the CQC's important role to inspect and rate hospitals and indeed providers across health and adult social care. They make their own judgements on what is or is not safe, and are free to form their own independent judgements about safety and safe staffing.

Finally, this is not about saving money; more about using the money we have as efficiently and effectively as possible. I would not suggest anything that would compromise patient safety. It would be against all I have repeatedly highlighted since I became CNO and is fundamental to our profession. It would also be a false economy – compromising safety just causes distress to patients, adds to the cost of care and a growing litigation bill.

But to see NICE's work as the totality of our focus on safe staffing is to miss the point. The ultimate outcome of good quality care is influenced by a far greater range of issues than how many nurses are on any particular shift, even though that is important.

As we continue to develop our approach to safe staffing for those working in mental health, urgent and emergency care, learning disability and community services there are six things that will help to guide us. These are six reasons why we now need to take a different approach.

First, we must take into account all the staff involved, not just nurses. In urgent and emergency care, as in other care settings, we need to look at doctors, paramedics

and other Allied Health Professionals (AHPs) as well as nurses. As the NHS Five Year Forward View acknowledges, healthcare is increasingly delivered by a multi-professional workforce – for example, nurses, care assistants, psychiatrists, psychologists, activity leaders and AHPs are all crucial to a well-run mental health service. Getting the right mix of staff in these multi-disciplinary teams is vital.

Second, many care settings are not in a hospital and span organisational boundaries. It would therefore be inappropriate to develop a staffing structure for one type of organisation and then expect it to span multiple institutions and roles.

Third, we must remember that this is not just about filling rotas or looking only at numbers or input measures. It is also about how much time nurses spend with or supporting patients, their families and carers and what the outcomes for those people are.

Fourth, as you know we are working to develop new ways of providing care. Just as there is no one-size fits all approach for these new models of care, there will be no identikit approach to the mix of staff we need. The number of staff caring for patients on an orthopaedic ward in Cornwall or Doncaster is a good guide to how safe those wards are – we are not changing the current NICE guidance in acute hospitals for this reason. But the different settings for other types of care mean there is no one right answer.

Fifth, underpinning these will be the work outlined in my letter of 3 June, which sets out the need for career progression for non-registered staff, nurse retention and flexible working.

Sixth, we must recognise that, unlike in acute wards, there is as yet little research or evidence into what safe staffing looks like for other care settings. We need to find a new approach to testing what is right, which includes looking at what evidence exists, commissioning new research and national and international best practice.

I believe if we use these principles it will guide us in our planned next steps. We will continue to use NICE for commissioning evidence reviews where appropriate and also bring in other independent professionals and experts to guide us. This will include professional organisations such as the RCN, RCM, QNI, AHP organisations and medical Royal Colleges.

The Mental Health Taskforce has agreed to lead the work on establishing what is the right balance of staff in the many settings treating those with mental illness. They will report back by the end of the year and take into account the mental health staffing guidance that has recently been developed with colleagues from the Mental Health Directors of Nursing Network and commissioned through the Compassion in Practice Strategy.

NICE has already done some excellent work on nurse staffing in urgent and emergency care. We will ask the new Urgent and Emergency Care Vanguards to build on this guidance, developing it to take into account other professionals from clinical pharmacists to care assistants, junior doctors to GPs, paramedics to other AHPs whom we should include. This work will help to inform us about the

appropriate balance of staff for the Emergency Department as well as alternative urgent care services of the future.

For the areas of work such as learning disability and community care, we will establish work programmes to support the development of guidance by working with the new learning disability fast-track sites and the Five Year Forward View vanguards.

We also recognise the importance of safe staffing in nursing homes, which collectively have more than two hundred thousand beds (more than in acute hospitals) and a high turnover of nursing staff.

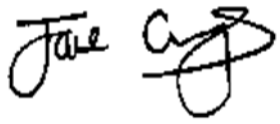
The National Quality Board and its members will help oversee this programme, working closely with the NHS TDA, Monitor, Health Education England, the Care Quality Commission and the Department of Health.

At the Provider Directors of Nursing meeting we held on 9 June, it was clear that those present agreed with our approach and offered to support the work. I will confirm the governance and organisational arrangements in the next few weeks, ensuring that key stakeholders are involved.

I look forward to working with you on this, and will ensure there is regular communication about our ongoing work as it progresses, together with opportunities for you to support and contribute.

Many thanks.

Yours sincerely,



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