EPSU Conference on
Collective Bargaining and Social Dialogue
10 & 11 January 2017

Session “Workloads, Work Organisation and Staffing Levels”

Summary Info: EPSU’s Ongoing Work on Safe and Effective Staffing Levels

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Safe and effective health worker staffing levels: What are we talking about exactly?

Health worker staffing is considered safe and effective when it results in the recruitment, assignment and retention of a health workforce of sufficient quantity and quality to create positive impacts for patients and the organisation’s effectiveness, delivered within a context of decent work. (Lawless and Lowe, 2015)
Common and distinct agendas/priorities on SESL & Role of TU

Patient Agenda
To have health needs met

Shared Agenda
Health needs are met while making efficient & productive use of resources & in the context of sustainable, decent work

Employer Agenda
Efficient & productive investment of resources

Workforce Agenda
Sustainable, decent work

Trade Unions
Professional Organisations

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Objectives of EPSU’s work on safe and effective staffing levels

• Policy objectives and priorities (WP SC HSS 2015-2016)
  o **Promote the definition and application of staff-patient-ratios and mechanisms** for the forecasting and calculation of needs for certain categories of staff
  o Cooperate with PSI and its affiliates

• What can/should EPSU do?
  o **Collecting information** on methods for the calculation and definition of adequate and safe staffing levels in order to ensure the proper functioning of health and social care institutions/services and specific departments
  o **Elaborating a report** with the aim to facilitate the exchange on experiences, good practice and trade union actions/strategies
  o **Input of national experiences and recommendations of EPSU in EU-level debates** (e.g. on workforce planning or skills mix/task shifts or in the context of the SSDC HS)
## Nurse-staff ratios / Patients to total staff ratios in EU and USA

<table>
<thead>
<tr>
<th>Country</th>
<th>Nurse staffing ratio</th>
<th></th>
<th>No of hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patients to professional registered nurses</td>
<td>Patients to total staff*</td>
<td></td>
</tr>
<tr>
<td>Belgium</td>
<td>10.7 (2.2)</td>
<td>7.9 (1.7)</td>
<td>67</td>
</tr>
<tr>
<td>England</td>
<td>8.6 (1.5)</td>
<td>4.8 (0.6)</td>
<td>46</td>
</tr>
<tr>
<td>Finland</td>
<td>8.3 (2.2)</td>
<td>5.3 (0.8)</td>
<td>32</td>
</tr>
<tr>
<td>Germany</td>
<td>13.0 (2.3)</td>
<td>10.5 (1.6)</td>
<td>49</td>
</tr>
<tr>
<td>Greece</td>
<td>10.2 (2.8)</td>
<td>6.2 (2.1)</td>
<td>24</td>
</tr>
<tr>
<td>Ireland</td>
<td>6.9 (1.0)</td>
<td>5.0 (0.8)</td>
<td>30</td>
</tr>
<tr>
<td>Netherlands</td>
<td>7.0 (0.8)</td>
<td>5.0 (0.7)</td>
<td>28</td>
</tr>
<tr>
<td>Norway</td>
<td>5.4 (1.0)</td>
<td>3.3 (0.5)</td>
<td>35</td>
</tr>
<tr>
<td>Poland</td>
<td>10.5 (1.9)</td>
<td>7.1 (1.4)</td>
<td>30</td>
</tr>
<tr>
<td>Spain</td>
<td>12.6 (1.9)</td>
<td>6.8 (1.0)</td>
<td>33</td>
</tr>
<tr>
<td>Sweden</td>
<td>7.7 (1.1)</td>
<td>4.2 (0.6)</td>
<td>79</td>
</tr>
<tr>
<td>Switzerland</td>
<td>7.9 (1.5)</td>
<td>5.0 (1.0)</td>
<td>35</td>
</tr>
<tr>
<td>US</td>
<td>5.3 (1.4)</td>
<td>3.6 (2.0)</td>
<td>617</td>
</tr>
</tbody>
</table>

*Total staff include professional registered nurses plus lesser trained care personnel.

Source: RN4CAST Study

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Percent Nurses Reporting Too Few Staff to Provide Quality Care

Source: RN4CAST Study

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Types of SESL systems (ordered by levels of enforceability)

- Legislation with enforceability
- Enterprise agreement with enforceability
- Legislation without enforceability
- Enterprise agreement without enforceability
- Guideline
- Professional Consensus
- Customary Practice

Countries and regions:
- AUS: Victoria
- USA: California
- UK: Wales
- NZL
- UK: England
- Norway

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Expected positive impacts of safe and effective staffing provisions

Source: Survey EPSU Affiliates HSS (10-11/2016); n_{max}=18
“There is power in a union”
Different types of TU activities in relation to SESL & „Outcomes“

• Actively working to build interest in the safe and effective staffing agenda for trade unions and workers \([n_{max}=18; \text{TU active and ... successful: 30%; mixed results: 60%; not successful: 10%}]\)

• Doing surveys with the own members or research on issues relating to staffing levels/needs \([40\%;50\%;10\%]\)

• Working on or being involved in determining methods to calculate staffing levels or nurse-patient ratios for units, departments or services \([75\%;25\%;0\%]\)

• Undertaking activities to influence the conditions for successfully establishing staffing levels (at enterprise or political level) \([70\%;10\%;10\%; \text{not active: 10%}]\)

• Making efforts to secure staffing levels via mandated systems or provisions offering protections (e.g. capacity to close beds/reduce services when understaffed) \([15\%;65\%;20\%]\)

• Including the safe and effective staffing agenda as a core and ongoing work stream in our organisation \([60\%;30\%;10\%]\)

Source: Survey EPSU Affiliates HSS (10-11/2016); \(n_{max}=18\)
On the way to/defending mandated SESL: TU Action in AUS

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SESL arrangements:
TU as key actors and TU controlling the narrative (ex. AUS)

- Staffing system needs to be simple to promote & understand
- Playing the long game (but know where the end is)
- Create windows of opportunity & are ready to use them
- Staffing is an integral, permanent union strategy
- Staffing used as an organising tool
- Staffing is uncoupled from other terms & conditions (especially wages)
- Speak with one voice
- Refusal to compromise on the essentials
- Know when to defend & when to push change
- Hope & positivity
- Use evidence & statistics to advantage
- Influence the public and politicians
- Establish a system difficult to attack

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PSI-UNISON Workshop SESL (12 May 2015): Conclusions

- The case studies demonstrated a wide range of methodological approaches to staffing. It was clear that the most durable were based on mandated nurse-to-patient ratios. Whereas there is no ‘one-size fits all’ methodology, trade unions must be able to critique prospective or existing methodologies to establish that they are fit-for-purpose.

- Local differences in workforce models, care models and funding models mean that local staffing solutions are required. Regardless of local variance, however, the staffing methodology must perform its basic purpose which is to match the health worker resource provided to patient demand.

- A ratios-based approach is the best option, recognizing that the ratio must take account of numbers, skill mix and workforce distribution, be developed to be as sensitive as possible in application, and vary to reflect local differences.

- Whatever system is arrived at, it must be simple in application, mandated, and protected. The impact of the system on patients, staff and productivity should be observable and observed. Accountability based on monitoring for enforcement is paramount.

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Links to other topics and risks for TU as to work on SESL agenda

- Links from the SESL agenda to other topics important for EPSU
  - Occupational safety and health/well-being at the workplace (e.g. linked to prevention and reduction of musculoskeletal disorders or to psycho-social risks and stress at the workplace)
  - Effective workforce recruitment and retention measures
  - Qualifications/skills/competences, skills mix, task shifts
  - Access to continuing professional development
  - Sustainable funding & mechanisms of financing in health care systems (e.g. DRG; not appropriately „covering“ care work)
  - TU organising and recruitment and retention of members

- Risks for TU as to work on SESL agenda
  - Usefulness of SESL in the context of restructuration processes (e.g. when outsourcing non-medical services; “core team” = ?)
  - Impact of method applied to measure the care “needed”
  - Professions in focus vs. how to include all (care) workers?
Thank you for your interest and attention!

Links for further information

EPSU
http://www.epsu.org/
Health and Social Services
http://www.epsu.org/sectors/health-and-social-services-0
Social Services
European Social Dialogue Hospital/Health Care Sector
EPSU Newsletter
http://www.epsu.org/epsu/news-room/newsletter
Collective Bargaining Newsletter
http://www.epsu.org/search/type/epsucob_article