

## **Response to NHS Improvement's draft sustainable safe staffing improvement resource in acute adult wards**

### **1. Background**

This document is our response to NHS Improvement's engagement exercise in relation to the draft sustainable safe staffing improvement resource in acute adult wards. We have been members of the working group who supported NHS Improvement on drafting the resource. We have consulted with our members on the draft resource, giving them the opportunity to feedback any comments.

In this response we comment on the specific resource. Once we have had the opportunity to review the full suite of draft improvement resources we will be able to provide overarching views on the set as a whole.

### **2. Summary**

The draft sustainable safe staffing improvement resource is a practical and pragmatic resource that goes some way to address the ongoing need for additional guidance to setting nurse staffing levels in acute adult wards. The resource is useful, easily accessible and easy to understand and helpfully includes good practice examples to illustrate how providers can improve how they manage and measure staffing levels.

We reinforce that this resource should always be used in conjunction with, and build on the existing NICE *Safe staffing for nursing in adult inpatient wards in acute hospitals* and the National Quality Board guidance, *Right Staff, with the right skills, in the right place at the right time*.

### **3. Member engagement**

To ensure we engaged with our membership as widely as possible we surveyed our general membership. 57 respondents completed the survey, with a spread across England and role. The majority of respondents were ward managers and staff nurses, although Director of Nursing and Deputy Chief Nurse/Assistant Chief Nurse responses are also represented in the survey results.

As well as surveying members, we also engaged with RCN forums and professional networks for informal feedback. A summary of the feedback we received is included below:

#### **Accessibility of resource**

- 27% of respondents read the survey in less than 10 minutes, 63% between 11-30 minutes, and 10% over 30 minutes.
- 75% said it was easy to understand and in plain English.
- 79% said it was easy to navigate.

- 50% thought the resource could be understood by all health care staff with half of respondents neither agreeing nor disagreeing with this statement.
- On the whole respondents did not feel the resource was too long.
- 93% of respondents agreed that nurses need to be able to access this document in different formats including print, on the web, on tablets and on mobile phones.

We felt that these results show that the resource is easy to understand, easy to navigate and an appropriate length.

It is extremely important that nurses are able to access these resources in different formats (including on portable devices such as tablets and mobile phones). We feel significant consideration and investment should be given to ensuring the resources are accessible in all formats. One suggestion was that the content be more interactively displayed on the NHS Improvement website, rather than being available in three separate pdfs.

### **Usefulness of resource**

- 93% of respondents thought it was important to have the resource in place.
- 23% said it was very useful, 58% said it was somewhat useful and 11% said it was somewhat useless.
- 52% of respondents said the resources provided them with a better understanding of the evidence relating to staffing levels in adult acute wards..
- 54% agreed it was clear to them how the resource can be used alongside other ward based metrics.
- 58% understood how the resource aligned with the Care Hours Per Patient Day metric and model hospital.
- 43% felt the resource will better enable them to compare staffing levels with their peers.
- 58% of respondents neither agreed nor disagreed or disagreed with the statement that the resource helped them better understand what safe staffing means in adult acute settings.
- Two of the three senior nurses who completed the survey felt that the resource would help evidence and support decision when approaching the board to make adjustments to the nursing establishment.
- Albeit a very small sample, these senior nurses felt that their current workforce planning tool did not meet the requirements of the improvement resource.

Overall, it is clear that additional resources and/or guidance is needed to assist providers in determining nurse staffing levels in acute adult wards. We feel that this improvement resource is useful and provides a practical and easy to understand explanation of how to measure and monitor nurse staffing levels.

### **Impact on staffing levels**

- The majority of respondents (67%) said nurse staffing levels would stay about the same, 12 % said they thought they would increase, 5% said they would decrease and 16% said they did not know.
- A similar trend was reflected to any anticipated changes to nursing support worker staffing levels, though less people thought these levels would decrease.
- 19% thought there would be a change in staff deployment or skill mix, 56% said no and 25% said they did not know.

In the survey, our members flagged how important it was that a ward sister/charge nurse should retain supernumerary status on the ward. We are pleased the supernumerary status of the ward sister is included in the resource.

The feedback we received also flagged the significant support that is required to properly utilise electronic rostering and that registered nursing hours need to be dedicated to this to ensure it is carried out accurately and correctly. We feel that this would also result in the upskilling of ward managers and better local rostering.

Although beyond the scope of this engagement exercise, we believe the ongoing nursing workforce shortage is a significant barrier to the implementation of any safe staffing guidance; as highlighted by the previous NICE guideline for acute adult inpatient wards.

For our members, the difficulty recruiting qualified nurses and the financial constraints preventing any increases to the nursing establishment were thought to be the main barriers to effectively implementing any guidance or resource on nurse staffing.

These recruitment and financial challenges facing NHS Trusts are well known but they must not stop us striving for not only safe, but effective care that improves patient outcomes. We hope that this improvement resources provides some practical examples of how Trusts can better measure and respond to changes in demand and unplanned changes to the nursing establishment.

### **4. Content of resource**

Below are some additional comments on the resource:

- **Uplifts in Table 1**
  - 3% sickness absence is aspirational and many organisations run around 4% with local variations and variations for types of workers (e.g. Health Care Assistants workforce can be as high as 6%). Seasonal variations should also be accounted for (i.e. absence tends to be higher in winter months). Sickness absence targets can have unintended consequences such as higher levels of presenteeism in the nursing workforce, which can impact on productivity and on patient safety in terms of infection risks, fatigue etc. (Boorman review 2009, identified presenteeism and productivity).

- There is currently no accounting for appraisals or more informal one to one management support. At the very least appraisals and 6 monthly reviews should be included.
- **Right skills**
  - On page 12, the first paragraph of the resource states that clinical leaders should use the workforce's competencies to the full, developing and introducing new roles where they identify a need or skills gap. We feel this statement is too broad and could be mistaken as giving local autonomy to create new nursing/nursing support roles. We would like to see a clearer and consistent career pathway that is underpinned by defined education frameworks and clinical standards and banded at the right Agenda for Change band.
- **Training and development**
  - There is important recognition that work based training and development should be carried out in working time (as required under the working time regulations). There is evidence that nurses often complete e-learning modules at home in own time due to lack of time or availability of IT equipment (causing more stress and fatigue).
- **Recruitment and retention**
  - There is a welcome recognition of ageing workforce in the resource and the need to carry out age profiling (RCN involved in this work via the NHS staff council to support organisational work around this see: <http://www.nhsemployers.org/your-workforce/need-to-know/working-longer-group-for-tools/guidance>).
  - Important recognition of these issues and how they contribute to safe sustainable staffing. Sickness absence data should be scrutinised for trends/causes/hotspots and acted on.
  - Staff survey results are also useful in identifying and anticipating problems.
  - The RCN 'healthy workplace initiative' is a useful tool to support local work on retention.
  - We would suggest that 'physical environment' and 'health and wellbeing initiatives' are added to this section.
  - Organisational culture is a 'catch all' term but should include levels of management support and leadership.
  - The fifth bullet in this section could be better summarised as 'Equality of opportunity, valuing diversity and inclusion of all staff'. This is then linked to existing work streams including the inclusive leadership and the work of the Equality and Diversity Council and 'Ready Now Programme'.
- **Flexible working**
  - There should be a cross reference to Agenda for Change Section 34. This issue is of utmost importance, particularly in relation to retaining an ageing workforce. Lack of flexible working opportunities

have been identified by the RCN and others as a key 'push factor' for many older nurses to leave NHS employment.

- Regarding shift work/rest breaks, RCN guidance 'a shift in the right direction' highlights good practice in shift work design and reducing cumulative fatigue.
- The resource should cross refer to Agenda for Change section 27 on working time regulations. We would argue that the 'minimum' under the working time regulations stated on page 18 (i.e. 20 minutes where you work over 6 hrs, which is not aggregated under the regulations) would not be enough on a long day.
- **Measure and improve**
  - Staff incidents are also important indicators (e.g. evidence to support increase risk of needlestick injuries related to poor staffing <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447200/>). The supporting evidence associates poor outcomes with excess working hours and overtime, cumulative working hours with no rest days, missing breaks within shifts and short breaks between shifts. These should be captured as part of measuring and improving.
  - Staff survey data particularly in relation to stress/work pressure; mandatory training etc. can also help as a measure and we understand from the CQC that staff survey data is the best proxy/indicator for the inspection outcomes. Additionally, the Health and Safety Executive's Stress Indicator tool (as advocated by the NICE workplace guidance on mental health at work) could also be referenced.
- **Patient, carer and staff feedback**
  - As the voice of the workforce, the resource could identify the role of the RCN as a Royal College / union and other unions in supporting this work i.e. partnership working particularly in relation to the impact of organisational change; identification of problems, identification of solutions and supporting the implementation of improvement measures. This can be through established mechanisms such as Joint Negotiating Consultative Committees and Health and Safety Committees.
- **Evidence review**
  - We strongly support the inclusion of the evidence review. There is a growing body of evidence for nurse staffing in acute adult wards, both within England, the UK and internationally. We believe to inform decision making and the use of professional judgement, nurse managers and senior nurses must fully understand the correlation between increasing bachelor degree, qualified registered nurse staffing levels, and improving patient outcomes.
  - We would suggest that the evidence review is not a static document and that as new evidence comes to light, NHS Improvement disseminates this information.

## 5. Relationship with other guidance

We are supportive of the improvement resource and believe it should be reviewed and amended at regular intervals, to reflect both any changes to staffing policies, up to date evidence and current good practice examples.

As indicated in the draft resource, we strongly emphasise that this resource should be used in conjunction with and build on the existing NICE *safe staffing for nursing in adult inpatient wards in acute hospitals*.

The NICE guideline should be interpreted as it was intended; to provide trigger points (red flags) at which it is important to consider whether nurse staffing is safe.

We would echo the NICE guideline, in that 1:8 is a point at which the nursing establishment should be reviewed to ensure that appropriate and safe care can be delivered. In practice, 1:8 should not be treated as a minimum, nor a maximum staffing requirement by nurses, Trust Boards or regulators.

We also agree that the improvement resource should also be read in conjunction with the National Quality Board guidance, *Right Staff, with the right skills, in the right place at the right time*.

## 6. Other comments

It was also flagged by our members that care homes is an area that is not due to be covered within the planned suite of safe and sustainable staffing improvement resources from NHS Improvement.

## **Policy, International and Parliamentary Department February 2016**

With a membership of around 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.