![Royal College of Nursing logo]

Response to NHS Improvement's draft sustainable safe staffing improvement resource in learning disabilities

1. Background

This document is our response to NHS Improvement's engagement exercise in relation to the draft sustainable safe staffing improvement resource in learning disabilities. 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 begins to address the clear need for guidance to setting nurse staffing levels in learning disabilities settings. 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.

Unlike in acute adult wards where there is an accompanying clinical NICE guideline, we have some concerns about whether the resource will have a significant impact across the broad range of providers in these settings.

We agree that this resource should always be used in conjunction with and build on 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. 26 respondents completed the survey, with a spread across England. The respondents were mainly staff nurses, community learning disability nurses or nurse specialists.

As well as surveying members we also engaged with RCN forums and professional networks for informal feedback.

Accessibility of resource

- 23% of respondents read the survey in less than 10 minutes, 58% between 11-30 minutes, and 19% over 30 minutes.
- 80% said it was easy to understand and in plain English.
- 79% easy to navigate.

- 60% thought the resource could be understood by all health care staff with half of respondents neither agreeing nor disagreeing with this statement.
- Half of respondents felt the resource was too long.
- 96% 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 showed that the resource was 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

- 85% of respondents thought it was important to have the resource in place.
- 27% said the resource was very useful, 54% said it was somewhat useful and 8% said it was somewhat useless.
- 64% of respondents said the resources provided them with a better understanding of the evidence relating to staffing levels in learning disabilities settings.
- 65% agreed it was clear to them how the resource can be used alongside other ward based metrics
- 62% felt the resource will better enable them to compare staffing levels with their peers.
- 62% of respondents agreed with the statement that the resource helped them better understand what safe staffing means in learning disabilities settings.

Overall, it is clear that guidance is needed to assist providers in determining nurse staffing levels in learning disabilities settings. 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 (65%) said nurse staffing levels would stay about the same, 15 % said they thought they would increase, 8% said decrease and 112% said they did not know.
- 54% said nurse support worker staffing levels would stay about the same, 19% said they thought they would increase, 11% said decrease and 15% said they did not know.
- 8% thought there would be a change in staff deployment or skill mix, 42% said no and 50% said they did not know.

4. Content of the resource

- **Right staff**
  - o The resource briefly covers the role of the learning disabilities liaison nurse in inpatient services and cites the Improving Health and Lives (IHAL) recommending this in 2012. Our research in our report *Connect for Change* suggested that 50% of Trusts still do not have a learning disability liaison nurse in place. This is supported by a freedom of information request carried out by Mencap that found similar results. We have called for all Trusts to have 24 hour cover in this role by 2020. We would suggest the resource is more explicit in calling for all Trusts to have this role in place.

- **Recruitment and retention**
  - o Staff survey results are useful in identifying and anticipating problems.
  - o The RCN 'healthy workplace initiative' is a useful tool to support local work on retention.
  - o We would suggest that 'physical environment' and 'health and wellbeing initiatives' are added to this section.
  - o Organisational culture is a 'catch all' term but should include levels of management support and leadership.

- **Flexible working**
  - o 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.
  - o Regarding shift work/rest breaks, RCN guidance 'a shift in the right direction' highlights good practice in shift work design and reducing cumulative fatigue.
  - o 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**
  - o 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.
  - o 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.

- **Uplift**
  - We note that unlike the acute adult wards draft resource, there is no reference to uplift in this document. We feel strongly that workforce planning across all settings should factor in uplift to cover revalidation, continued professional development, sick leave, maternity etc. Without factoring in uplift in the nursing establishment (and across other members of the multidisciplinary team), rostering will be inaccurate and teams will regularly be short of staff.

- **Supernumerary status**
  - We are a strong advocate of the ward sister role, or equivalent, holding a supernumerary status. We are pleased to see this included in the acute adult wards resource. However, we believe that the equivalent role in learning disabilities inpatient settings and in learning disabilities community settings should also hold the supernumerary status.

5. **Relationship with other guidance**

We agree that this 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.*

Lastly, we agree as outlined in the document, that this resource be joined up with the NHS England *Transforming Care* workstream and the related workforce elements of work aimed at transforming services for people with learning disabilities.

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.