

## **Response to NHS Improvement's draft sustainable safe staffing improvement resource on safe caseloads in district nursing services**

### **1. Background**

This document is our response to NHS Improvement's engagement exercise in relation to the draft safe, sustainable and productive staffing improvement resource for the district nursing service. 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 caseloads in the district nursing service resource is a clear and practical resource that begins to address the need for guidance for community settings. The resource rightly acknowledges and sets out comprehensively the different considerations that need to be factored in when planning your workforce compared to acute settings.

The resource is useful, easily accessible and easy to understand and helpfully includes good practice examples to illustrate how everyone from team leaders to providers can improve how they manage and measure the caseloads of the district nursing service.

In contrast from previous NHS Improvement resources consulted on in other clinical settings, our members felt this resource was more likely to increase their caseload, nearly 40%.

### **3. Member engagement**

To ensure we engaged with our membership as widely as possible we surveyed our general membership. In total, 231 respondents completed the survey, with a spread across England. The respondents were mainly community staff nurses, district nurses and team leaders.

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

#### **Accessibility of resource**

- 19% of respondents read the resource in less than 10 minutes, 55% in 11 to 30 minutes and 27% over 30 minutes.

- 77% said it was easy to understand and in plain English.
- 73% said it was easy to navigate.
- 63% thought the resource could be understood by all health care staff with 23% of respondents neither agreeing nor disagreeing with this statement.
- 29% felt the resource was too long.
- 95% 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**

- 26% said the resource was very useful, 24% said it was somewhat useful and 5% said it was somewhat useless or very useless.
- 58% of respondents said the resource provided them with a better understanding of the evidence relating to setting safe caseloads in the district nursing service. 7% disagreed or strongly disagreed.
- 58% agreed it was clear to them how the resource can be used alongside other metrics to ensure safe levels of care.
- 49% felt the resource will better enable them to compare caseload levels with their peers.
- 57% of respondents agreed with the statement that the resource helped them better understand what safe caseloads mean in the district nursing service.

This resource is useful as it is widely recognised that much of the previous research and guidance focuses on acute services. We feel that this improvement resource provides a practical and easy to understand explanation of how to measure and monitor nurse staffing levels.

### **Impact on staffing levels**

- Overall, 45% of respondents said nurse caseloads would stay about the same, 39% said they thought they would increase, 7% said decrease and 10% said they did not know. This is notably different from the previous resources with significantly more nurses thinking the resource would increase their caseload-nearly 40%.
- 39% said nursing support worker caseloads would stay about the same, 45% said they thought they would increase, 5% said decrease and 11% said they did not know.

- 24% thought there would be a change in staff deployment or skill mix, 44% said no and 32% said they did not know.
- 5% of respondents said they are already compliant with the resource, 13% said it would take less than six months to implement, 22% said between six months and one year, 16% said more than one year. Interestingly 20% said they would likely never be compliant and 24% said they did not know.
- 22% of respondents said they already used a workforce planning tool, 41% said they did not and 38% said they did not know. Examples of tools used include a Demand and Capacity tool, ECAT and the LCID caseload allocation tool.
- Many respondents in the survey flagged recruitment and retention issues as being bigger challenges to implementing the recommendations of the resource. The open text survey responses reflected an anxiety that registered nurses were being replaced with less experienced and less qualified nurses.

#### 4. Content of the resource

This is a very comprehensive document and we welcome the context, particularly those around working alone and remote working.

##### Right staff

- Unlike in other resources there is not recognition of the age profile of the workforce. This seems at odds for this workforce as we know that nurses in the community tend to have an older age profile. We suggest a signpost to the NHS working longer groups 'age profiling tool' to support organisations/managers found at: <http://www.nhsemployers.org/your-workforce/need-to-know/working-longer-group/working-longer-group-tools-and-resources/age-awareness-toolkit/age-profile>
- In section 2.3 we have suggested in previous responses, it is important that time for appraisals and six monthly reviews are factored into headroom/uplift. We also query whether shift patterns should also be included here – specifically out of hours care.
- 3% sickness absence is aspirational and many organisations are more likely to run at around 4%, with local variations and variations for types of workers (e.g. HCA workforce can be as high as 6%). Seasonal variations should 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)

##### Right skills

- Section 3.3. Recruitment and retention. This is an opportunity to reinforce the importance of a healthy workplace. Similar to the other resources we would suggest the inclusions of Equality of opportunity,

valuing diversity and inclusion of all staff (linked to existing work streams, e.g. inclusive leadership and the work of the Equality and Diversity Council and 'Ready Now Programme').

- We welcome recognition of ease of travel access, support for travelling etc. as a retention issue and we know that car parking is a major issue for nurses working in the community.

### **Right place, right time**

- Section 4.3 perhaps outside of the scope of the resource but in terms of rest breaks, one of the issues that our members raise is a lack of a work 'base' or facility to take their breaks, especially when on the road with a busy caseload. This is why they often take breaks at the end of the shift and leave a little earlier if they can. We felt it important to highlight this because it is a real issue in terms of creating a positive organisational culture and somewhere where people want to work and for safety issues in terms of fatigue and driving (linked into section 3.3).

### **Measure and improve**

- As per earlier guidance staff incidents need to be collected as well as patient outcomes (e.g. road traffic accidents could indicate a pressurised workforce).
- In common with other resources 'staff survey' data should be used particularly around stress.
- 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.

### **Supernumerary status**

- Unlike in acute settings it is unlikely that team leaders can be truly supernumerary. However, the supernumerary/supervisory capacity that team leaders and managers have should be proportionate to the number of direct reports they have.

## **5. Relationship with other guidance**

We note that in the introduction this guidance is linked to the NHS England *Leading change, adding value* commitment 9 around having the right staff in the right places and at the right time, published in 2016. The previous resources reference the 2014 National Quality Board guidance, *Supporting NHS providers to deliver the right Staff, with the right skills, in the right place at the right time*. These are citing the same intention but we suggest that for consistency the same reference is used across all the resources.

**Policy, International and Parliamentary Department  
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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.