

## **Response to NHS Improvement's draft sustainable safe staffing improvement resource in mental health**

### **1. Background**

This document is our response to NHS Improvement's engagement exercise in relation to the draft sustainable safe staffing improvement resource in mental health. 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 mental health 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. Our members feel that the risk with a general resource that is not specific to the type of mental health service, and/or does not provide any indicative ratio, is that it may lack the teeth to be implemented.

We agree that this resource should always be used in conjunction with and build on the National Quality Board guidance, *Supporting NHS providers to deliver the 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. 73 respondents completed the survey, with a spread across England. The respondents were mainly staff nurses and ward managers/charge nurses and nurse managers.

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

#### **Accessibility of resource**

- 33% of respondents read the survey in less than 10 minutes, 54% between 11-30 minutes, and 12% over 30 minutes.
- 73% said it was easy to understand and in plain English.

- 74% easy to navigate.
- 56% thought the resource could be understood by all health care staff with half of respondents neither agreeing nor disagreeing with this statement.
- 56% felt the resource was too long.
- 89% 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**

- 16% said the resource was very useful, 53% said it was somewhat useful and 18% said it was somewhat useless or very useless.
- 52% of respondents said the resources provided them with a better understanding of the evidence relating to staffing levels in mental health settings. 15% disagreed or strongly disagreed.
- 42% agreed it was clear to them how the resource can be used alongside other ward based metrics- this was lower than in the acute and learning disabilities resources.
- 44% felt the resource will better enable them to compare staffing levels with their peers.
- 51% of respondents agreed with the statement that the resource helped them better understand what safe staffing means in mental health settings.

Overall, it is clear that guidance is needed to assist providers in determining nurse staffing levels in mental health 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 (67%) said nurse staffing levels would stay about the same, 14% said they thought they would increase, 7% said decrease and 12% said they did not know.
- 62% said nurse support worker staffing levels would stay about the same, 21% said they thought they would increase, 7% said decrease and 11% said they did not know.
- 16% thought there would be a change in staff deployment or skill mix, 59% said no and 25% said they did not know.

- 10% of respondents said they are already compliant with the resource, 12% said it would take less than six months to implement, 15% said between six months and one year, 10% said more than one year. Interestingly 26% said they would likely never be compliant and 27% said they did not know.
- 15% of respondents said they already used a workforce planning tool, 26% said they did not and 59% said they did not know. Examples of tools used in inpatient settings include Safe Care Live and Hurst Tool and Care Hours Per Patient Day.
- 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 a feeling that because the general resource is not specific to the type of mental health service, and/or does not provide any indicative ratio, it may lack the teeth to be implemented by senior staff.

#### 4. Content of the resource

This is a very comprehensive document and we welcome the context, particularly around 'right staff' and how staffing levels can impact on morale, stress and increase concerns about personal safety.

##### Right staff

- We welcome the recognition of the age profile of the workforce and 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>
- Section 2.2 as we have suggested in previous responses, it is important that time for appraisals and six monthly reviews are factored into headroom/uplift.

##### Right skills

- Section 3.3 (and table 2) in relation to wellbeing. This resource provides the opportunity to promote the importance of a healthy workplace and good organisational culture (where staff are treated with dignity and respect, have a work-life balance/flexible working, work in a safe and healthy environment, and are in well-designed jobs with learning and development opportunities). We suggest signposting to our *Healthy workplace, healthy you* campaign at [www.rcn.org.uk/get-involved/campaigns](http://www.rcn.org.uk/get-involved/campaigns)
- Similar to the feedback we provided on the other resources we would suggest that equality of opportunity and 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') are included.

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

- Previous resources said more about flexible working opportunities which is particularly important and links to the recruitment of an older workforce.
- We suggest that, if appropriate, it may be helpful for Table 3 could be replicated in all resources as it is easy to understand and read.
- We welcome the recognition that staff working remotely need access to technology to raise the alarm and the importance of inducting agency staff (the latter should be reflected in other resources).

### **Measure and improve**

- Section 5.2 Table 4 – all staff incidents need to be added to list (not just RIDDOR which would only pick up those which result in more than 7 days off or serious injuries such as loss of consciousness/loss of limb)
- 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.

### **Appendix 1**

- An observation in relation to staff wellbeing and support and organisational culture – they should reference the substantial evidence base from NICE workplace health guidance on promoting mental health at work and management practices  
<https://www.nice.org.uk/guidance/ng13>

### **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 mental health inpatient settings and in mental health settings in the community should also hold the supernumerary status.

### **Relationship with other guidance**

We agree that this improvement resource should also be read in conjunction with the National Quality Board guidance, *Supporting NHS providers to deliver the 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 *Five Year forward View for Mental Health*.

**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.