Royal College of Nursing

Response to NHS Improvement's draft sustainable safe staffing improvement resource in neonatal wards

1. Background

This document is our response to NHS Improvement's engagement exercise in relation to the draft sustainable safe staffing improvement resource for neonatal 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 for neonatal care pulls together already established practice in these units. The resource is accessible and easy to understand. We welcome the inclusion of the well-established ratios in neonatal care that help ensure safe and effective care be provided. This shows the important role that ratios can have in indicating best practice and are also included in the RCN guidance for this area.

With the introduction of the nursing associate role, we caution that any expansion of this role in neonatal care must be accompanied by the relevant education and training in what is a specialised care setting.

3. Member engagement

To ensure we engaged with our membership as widely as possible we surveyed our general membership. 28 respondents completed the survey for neonatal care which is a very small sample but we share their feedback below.

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

- 33% of respondents read the resource in less than 10 minutes, 50% between 11-30 minutes, and 17% over 30 minutes.
- 89% said it was easy to understand and in plain English.
- 89% said it was easy to navigate.
- 77% 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.

- 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.

Like the previous resources, this iteration for neonatal care is easy to understand, easy to navigate and an appropriate length.

Usefulness of resource

- 89% of respondents thought it was important to have the resource in place.
- 61% of respondents said the resources provided them with a better understanding of the evidence relating to staffing levels in neonatal care.
- 77% agreed it was clear to them how the resource can be used alongside other ward based metrics.
- 61% understood how the resource aligned with the Care Hours Per Patient Day metric and model hospital.
- 89% felt the resource will better enable them to compare staffing levels with their peers.
- 72% of respondents agreed with the statement that the resource helped them better understand what safe staffing means in neonatal care.

Overall, it is clear that additional resources and/or guidance is needed to assist providers in determining nurse staffing levels in neonatal care. However, there is longer term widespread understanding of the importance of having the right number of people with the right skills in neonatal care compared to some other settings. The inclusion of the established ratios in this resource, where they have been absent from others, including where there was NICE or draft NICE guidance is testament to this.

Impact on staffing levels

- The majority of respondents (78%) said nurse staffing levels would stay about the same, 17% said they thought they would increase. No one said that they would decrease.
- In relation to support staff, 50% of respondents said staffing levels would stay the same and 44% said they would increase. 5% said they did not know.
- 28% thought there would be a change in staff deployment or skill mix, 50% said no and 22% said they did not know.

Respondents to the survey flagged concern about how/if new roles such as the nursing associate will be used in neonatal care showing the need for this to be defined, with a strong emphasis on the importance of these roles receiving the appropriate neonatal unit education and training before starting.

For our members, the difficulty recruiting qualified nurses and nurses leaving the trust due to retention problems were thought to be the main barriers to effectively implementing any guidance or resource on nurse staffing. Examples provided included nurses and support workers being placed on the wrong Agenda for Change

band comparable with their skills and experience. This was felt to contribute to people leaving services.

Workforce planning tool

- 61% said they were using a workforce planning tool and 38% did not know. Of those who provided the name of a tool, most people said BadgerNet and one person said CRG.
- 45% said they felt their current workforce planning tool did not meet the requirements of the resource.

4. Content of resource

Below are some additional comments on the resource:

- **Supernumerary status**
  - We agree with the resource and the DH 2009 guidance that there should be a team leader in addition to staff caring for babies with supernumerary status on the ward. This should be protected, including not allowing the team leader to backfill for gaps in the staffing rota or get sent to cover shifts on other wards that are poorly staffed.

- **Uplift**
  - Figure 2: Data from BadgerNet has uplift for sickness at 4% which is positive. However, a wider mention of uplift should be included in the resource. In the previous resources, if uplift is referenced at all it is put at 3%. 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).

- **Right skills**
  - We welcome the inclusion of the standards set out under 'Nursing provision' including both the ratios, skill mix levels and the levels of staff that should hold an accredited post-registration qualification in specialised neonatal care.
  - As set out in the 2012 RCN guidance, all non-registered staff should be appropriately trained and have the competency, knowledge and skills they need to work in the neonatal setting. This is particularly important and must cover any expansion of the nursing associate role in the area of neonatal care.

- **Recruitment and retention**
  - There is a welcome recognition of an ageing workforce in the resource and the need to carry out age profiling. The RCN was 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.

- **Flexible working**
  - We welcome the reference to flexible working on page 31.
  - 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 six hours, 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 /trade 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 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.

We are pleased that the RCN guidance for neonatal wards is referenced and we emphasise the need for the NHS Improvement resources to be used in conjunction with existing professional guidance, as well as academic evidence.

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

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