Response to NHS Improvement's draft sustainable safe staffing improvement resource in children and young people's inpatient wards in acute hospitals

1. Background

This document is our response to NHS Improvement's engagement exercise in relation to the draft sustainable safe staffing improvement resource in children and young people's (CYP) inpatient wards in acute hospitals. 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 CYP inpatient wards pulls together some of the existing guidance, as well as the recruitment and retention advice contained in the other resources. The resource is accessible and easy to understand.

We feel strongly that this resource should be used in conjunction with the widely used RCN guidance for CYP settings. We feel our guidance goes further than this resource in demonstrating that by using a triangulated approach, together with evidence and professional consensus we are able to define what safe and effective staffing levels should be in CYP settings. Our professional guidance should still be used and not be replaced or undermined by this new overarching resource.

In addition, with the introduction of the nursing associate role, we caution that any expansion of this role in CYP settings must be accompanied by the relevant education and training.

Lastly, this resource needs to be extended to cover community CYP services.

3. Member engagement

To ensure we engaged with our membership as widely as possible we surveyed our general membership. We received 37 responses 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

- 30% of respondents read the resource in less than 10 minutes, 39% between 11-30 minutes, and 30% over 30 minutes.
- 96% said it was easy to understand and in plain English.
- 87% said it was easy to navigate.
- 75% 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.
- 88% 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, the resource for CYP inpatient wards is easy to understand, easy to navigate and an appropriate length.

Usefulness of resource

- 88% of respondents thought it was important to have the resource in place.
- 67% of respondents said the resources provided them with a better understanding of the evidence relating to staffing levels in CYP inpatient wards.
- 72% agreed it was clear to them how the resource can be used alongside other ward based metrics.
- Only 44% understood how the resource aligned with the Care Hours Per Patient Day metric and model hospital.
- 52% felt the resource will better enable them to compare staffing levels with their peers.
- 68% of respondents agreed with the statement that the resource helped them better understand what safe staffing means in CYP settings.
- Overall, 53% said the resource was useful. The majority of the remaining respondents said they did not know if it was useful (32%).

Impact on staffing levels

- The majority of respondents (72%) said nurse staffing levels would stay about the same. Interestingly, no one said they would increase.
- In relation to support staff, 48% of respondents said staffing levels would stay the same and 24% said they would increase. 4% said staffing levels would decrease and 5% said they did not know.
- 13% thought there would be a change in staff deployment or skill mix, 62% said no and 25% said they did not know.

For our members, the difficulty recruiting registered 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.

Workforce planning tool

- 24% said they were using a workforce planning tool, 56% said no and 20% said they did not know. Of those who provided the name of a tool, Paediatric Acuity and Nursing Dependency Assessment (PANDA) tool, Safer Nursing Care Tool and Scottish Children's Acuity Measurement in Paediatric Settings (SCAMPS) tool were listed.
- 33% 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 that all children and young people's wards should be led by a supervisory band sister/charge nurse. The supervisory nature of this role should be protected, including not allowing the sister/charge nurse to backfill for gaps in the staffing rota or get sent to cover shifts on other wards that are poorly staffed.

- **Uplift**
  - In section 2.3 this resource determines how to set uplift, using the RCN guidance and the evidence review. Determining uplift is key in getting staffing levels right and therefore the principles in setting uplift should be carried across to other resources where uplift was not included.

- **Right skills**
  - In the neonatal document, they endorsed the existing standards, which are widely used. This resource does not endorse the RCN CYP staffing guidance, although these have been widely adopted and are based on a Delphi study and professional consensus from a large body of children's nurses and nurse managers. The information in appendix 1 does not accurately reflect the RCN guidance regarding critical care levels and in combination should be removed, as the RCN clearly recommends 1:3 below two years. This appears to be muddled with the HRG guidance.

- **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.

- o 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.
- o Staff survey results are also useful in identifying and anticipating problems.
- o The RCN 'healthy workplace initiative' is a useful tool to support local work on retention.

- **Flexible working**
  - o We welcome the reference to flexible working on page 31.
  - 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 six 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 Staff survey data particularly in relation to stress/work pressure; mandatory training etc. can also help as a measure and we understand form 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**
  - o 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**
  - It would be helpful if the evidence review was also published as it is referenced throughout the document.
  - 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 CYP settings 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 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 issues

- We would ask for this resource to be extended to cover CYP community settings in the future.

Policy and Public Affairs UK and International
December 2017

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