

**NHS Improvement consultation on safe staffing for adult inpatients in acute care –
UNISON response February 2017**

1. Introduction

- 1.1** UNISON is the largest public sector union in the United Kingdom and Europe with over 1.3 million members. Our members work in a range of public services including Health, Local Government, Education and Police services. They are at the front line of caring for the most vulnerable in our society. We are pleased to have the opportunity to respond to this consultation by NHS Improvement.
- 1.2** As the largest trade union and the voice of the healthcare team, we are instrumental in influencing policy at regional, national and international level. UNISON has a long history of working with organisations and individuals who work and campaign in the areas of regulation, safeguarding, practise and care.
- 1.3** Our members are responsible for the delivery of high quality health and social care to the most vulnerable in our society. We have actively sought the views of our nursing, midwifery and healthcare assistant members who are responsible for the delivery of quality care services.
- 1.4** We hope that NHS Improvement will take into account the weight of UNISON's views as a major stakeholder and representative of the majority of healthcare professionals.

2. Executive summary

- 2.1** UNISON was disappointed that NHS Improvement did not consider looking at identifying minimum nurse-to-patient ratios. We believe that the best option is to establish national nurse-to-patient ratios which reflect the California model.
- 2.2** While UNISON agrees that it was sensible to build on the NICE guidelines on safe and sustainable staffing for nursing in adult inpatient care in acute wards to reduce confusion and contradictory advice, we are concerned that it may suffer similar problems such as 'red-flag events' not prompting an immediate escalation response.

- 2.3 UNISON welcomes reference to the increased risk of harm associated with a registered nurse caring for more than 8 patients during the day shift. However, we are concerned that this may be ignored following a letter that said 'we would stress that a 1:8 ratio is a guide not a requirement'.
- 2.4 While UNISON is pleased to see reference to the multi-professional team throughout the guidance, we believe it needs to clearly state that when using it to establish safe nurse staffing levels that any decisions made do not have an adverse or unintended consequence for other staff groups.
- 2.5 UNISON is concerned that the guidance does not make any recommendations to ensure a richer skills mix. With the introduction of the nursing associate role, there is a risk that service providers may dilute nursing skill mix creating a higher patient mortality risk.
- 2.6 When considering uplifting to allow for management of planned and unplanned leave, UNISON believe that there are other types of leave that should be taken into consideration, such as time taken to undertake NMC revalidation and time off for trade union activities if the adult acute inpatient ward has a union rep on it.
- 2.7 When considering staff training, development and education, UNISON believe that the guidance should include reference to the important role that union learning reps can play in analysing, arranging and supporting learning or training needs.
- 2.8 When identifying or anticipating problems with recruitment and retention, service providers should be recommended to work with trade unions and professional bodies at a local level to monitor job satisfaction, staff burnout, and the general working environment.
- 2.9 While UNISON agrees with the factors important in attracting new staff and retaining existing staff included in the guidance, we note that it does not make reference to the fact that safe staffing levels in themselves can help with recruitment and retention.
- 2.10 When developing protocols for frontline staff to escalate concerns about the safety and effectiveness of care to a senior level, the guidance should make it clear that recognised trade unions and professional bodies should be involved in their creation.

3. Multi-professional

- 3.1 UNISON is pleased to see reference to the multi-professional team throughout the document. We believe that healthcare is best provided by the whole multi-disciplinary team, comprising not just doctors and nurses but many other groups of staff, including ancillary staff, admin and clerical staff, and allied health

professionals such as occupational therapists.

- 3.2 UNISON's one team for patient care campaign aims to ensure that everyone that works in the NHS is valued, whatever their role. We know that all staff no matter what their role plays an important part in delivering quality, safe patient care. For example, among other factors, a higher number of housekeeping support hours per week were linked to fewer time-based medication errors¹ – an indicator of unsafe staffing levels.
- 3.3 With this in mind, it is vital that the guidance clearly states that when using it to establish safe nurse staffing levels that any decisions made do not have an adverse or unintended consequence for other staff groups.

4. NICE guidelines

- 4.1 UNISON agrees that it was sensible to build on the NICE guidelines on safe and sustainable staffing for nursing in adult inpatient care in acute wards. This ensured that there were no recommendations that are contradictory with the NICE guidelines which will reduce the level of confusion that would otherwise have been created.
- 4.2 However, UNISON is concerned that the NHS Improvement guidance will suffer from similar problems that the NICE guidelines encountered. For example, 18.8% of respondents to UNISON's 2016 safe staffing level survey² said that when a nursing 'red flag event' occurred it did not prompt an immediate escalation response by the registered nurse in charge. When staff are raising 'red flag events' that are not responded to, they will be unlikely to raise them in the future because they will have no trust or confidence in the process.
- 4.3 UNISON welcomes the continued reference to the increased risk of harm associated with a registered nurse caring for more than 8 patients during the day shift. However, the NHS Improvement guidance does not clarify how this works in the context of the letter sent to NHS foundation trust and NHS trust Chief Executives on 13 October 2015³. In the letter, it said 'we would stress that a 1:8 ratio is a guide not a requirement'. There is a risk that people in the NHS may interpret this as a green light to row back on safe staffing when the NHS's finances are in the perilous state that they are.

5. Nursing staff-to-patient ratio

- 5.1 UNISON was disappointed that NHS Improvement did not consider looking at identifying minimum nurse-to-patient ratios. While there may be 'no single nursing to staff-to-patient ratio that can be applied across all acute adult inpatient wards', we believe that the best option is to establish national ratios which reflect the

¹ <https://opus.lib.uts.edu.au/bitstream/10453/17565/1/2008008798.pdf>

² <https://www.unison.org.uk/content/uploads/2016/04/237291.pdf>

³ <https://www.nursingtimes.net/download?ac=1311852>

California model (table 1). This allows for different levels of patient dependency in different care settings. This would still allow for local decision making to increase the staffing numbers where required.

5.2 Table 1: RN ratios by National Nurses United

Setting	Nurse-to-patient ratio
Intensive or critical care	1:1
Neonatal intensive care	1:2
Emergency room	1:3
Trauma patient in ER	1:1
ICU patient in ER	1:2
Step down	1:3
Telemetry	1:3
Medical or surgical	1:4
Coronary care	1:2
Acute respiratory care	1:2
Burn unit	1:2
Other speciality care units	1:4
Psychiatric	1:4
Rehabilitation	1:5

5.3 UNISON believe that minimum nurse-to-patient ratios would have a number of advantages, including better recruitment and retention, reduced reliance on agency staff, better patient care, more manageable nursing workloads, and increased job satisfaction for nurses and less stress.

5.4 Furthermore, an acuity model makes it difficult to know if hospitals are complying with their safe staffing obligations because it is subjective. Simple minimum nurse-to-patient ratios are needed to enable nurses, patients and family members to easily identify and report wards with dangerously low staffing levels.

6. Skill mix

6.1 UNISON is concerned that the guidance does not make any recommendations to ensure a richer skills mix. A European study looking at the impact of skills mix on the quality of care found that for every 25 patients, replacing just one professional nurse with a nursing assistant was associated with a 21% increase in the odds of dying in a hospital compared with average nurse staffing levels and skill mix⁴. With the introduction of the nursing associate role, there is a risk that service providers may dilute nursing skill mix creating a higher patient mortality risk.

6.2 Without providing guidance to ensure a richer skills mix, our concern is that providers of services will make decisions based on finances rather than safe staffing

⁴ <http://qualitysafety.bmj.com/content/early/2016/11/03/bmjqs-2016-005567>

advice. For example, Buckinghamshire, Oxfordshire and Berkshire West (BOB) STP intend to cut workforce costs by £30m through changes to nursing skill mix, including greater “use of generic support workers (across health and social care), reduction of nursing grade input, increased use of healthcare assistants and physicians associates and more flexible uses of emergency care practitioners and advanced nursing practitioners”.⁵

7. Allowing for uplift

7.1 UNISON was happy to see the inclusion of uplifting to allow for management of planned and unplanned leave. However, while UNISON recognises that this is not an exhaustive list, we believe that there are other types of leave that should be taken into consideration, such as time taken to undertake NMC revalidation and time off for trade union activities if the adult acute inpatient ward has a union rep on it.

8. Staff training, development and education

8.1 UNISON agrees that staff training, development and education are vital to ensure that all members of the clinical team are trained to be effective in their roles. While it is the sister, charge nurse or team leaders who is responsible for assessing the training requirements of team members, UNISON believes that the guidance should include reference to the important role that union learning reps can play in analysing, arranging and supporting learning or training needs⁶.

9. Recruitment and retention

9.1 When identifying or anticipating problems with recruitment and retention, service providers should be recommended to work with trade unions and professional bodies at a local level to monitor job satisfaction, staff burnout, and the general working environment. These are all factors that can influence a staff member’s decision to leave their employer. For example, 68.7% of respondents to UNISON’s 2016 safe staffing level survey⁷ said that they had considered leaving the organisation they work for over the last 12 months.

9.2 While UNISON agrees with the factors important in attracting new staff and retaining existing staff included in the guidance, we note that it does not make

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http://www.nursingtimes.net/7013382.article?utm_source=newsletter&utm_medium=email&utm_campaign=NT_EditorialNewsletters.Reg:%20Send%20-%20Nursing%20Times%20Daily%20News&mkt_tok=eyJpIjoiT1RFell6TTBNekZoWVRWayIsInQiOiJlYU5VMEFac2hheE9iR056WkFkVkFFK2NIMjNsVWYrMVNUUWdENGFEWE8xaDVFdHlydG1uU2hqNlBuTUtzNURiY1cxZmpPYXRlRlZwT3VFR1wvSDAyR2dTYjNXcDlXNUIZY0xiN0VNUWJxWUk9In0%3D

⁶ <https://www.unionlearn.org.uk/union-learning-reps-ulrs>

⁷ <https://www.unison.org.uk/content/uploads/2016/04/237291.pdf>

reference to the fact that safe staffing levels in themselves can help with recruitment and retention. For example, when nurse-to-patient ratios were implemented in Victoria in Australia, 1,400 nurses returned under the initiative⁸. Poor retention has been linked to the inability of nurses to provide the required level of care as well as poor job satisfaction and burnout. Missed care, job dissatisfaction and burnout are all indicators of unsafe staffing levels that if addressed will help to retain nursing staff.

10. Flexible working

10.1 UNISON is pleased to see reference in the guidance to the importance of providing flexible working options to suit nursing staff and its relationship to retention. We are also encouraged by the inclusion of guidance regarding the effects of 12-hour shift patterns and how staff preferences should be one of many factors that are taken into consideration when setting shift lengths.

11. Measure and improve

11.1 UNISON agrees with the evidence-informed ward-based metrics included in the guidance. While we understand it is not an exhaustive list, we believe that missed care should be added under patient outcomes and job dissatisfaction and burnout should be added under staff experience as these are all early indicators of unsafe staffing levels.

12. Escalation processes

12.1 UNISON agrees that organisations should have a protocol for frontline staff to escalate concerns about the safety and effectiveness of care to a senior level. However, we believe that the guidance should make it clear that when protocols are being developed at a local level that the recognised trade unions and professional bodies are involved in their development.

12.2 For example, UNISON has developed Be Safe guidance to help all members of the nursing family (nurses, midwives, healthcare assistants and health visitors) to raise their concerns about poor staffing levels and the impact on patient care⁹. UNISON has been working in partnership with employers, such as George Eliot Hospital NHS Trust in Nuneaton, to roll out Be Safe training to all staff within their organisations to ensure that they feel able to raise their concerns effectively and consistently.

13. Conclusion

13.1 While UNISON welcomes the guidance, we believe that NHS Improvement missed an opportunity to consider and establish minimum nurse-to-patient ratios. This

⁸ http://www.world-psi.org/sites/default/files/attachment/news/lisa_fitzpatrick.pdf

⁹ <https://www.unison.org.uk/content/uploads/2013/06/On-line-Catalogue206953.pdf>

would have ensured better recruitment and retention, reduced reliance on agency staff, better patient care, more manageable nursing workloads, and increased job satisfaction for nurses and less stress. It would also have enabled nurses, patients and family members to easily identify and report wards with dangerously low staffing levels.

- 13.2** UNISON is also concerned that due to the financial crisis in the NHS and the introduction of the nursing associate role, organisations may risk patient safety by diluting skills mix. We ask the NHS Improvement make reference to the importance of a richer skill mix and its association with better patient outcomes.
- 13.3** UNISON would like to see more reference made in the guidance to the valuable role that trade unions and professional bodies can play in establishing and monitoring safe staffing levels, such as the role of union learning reps in identifying training needs and the role of unions in developing protocols for raising concerns about unsafe staffing levels.
- 13.4** We hope that NHS Improvement will take into account the weight of UNISON's views as a major stakeholder and representative of the majority of healthcare professionals when considering revisions to the draft guidance.