

NHS Improvement consultation on safe staffing for learning disability services – 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 NHS Improvement should recommend in the guidance that further research should be undertaken into nurse-to-patient ratios for learning disability services.
- 2.2** 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 staffing levels that any decisions made do not have an adverse or unintended consequence for other staff groups.

- 2.3 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.
- 2.4 UNISON would like to see more reference made to uplifting to allow for management of planned and unplanned leave with clear examples. When allowing for uplift, 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.
- 2.5 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.
- 2.6 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.
- 2.7 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.
- 2.8 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.
- 2.9 UNISON welcomes the idea of asking staff at the end of their working day or shift on the effective delivery of services. UNISON would like to see this idea developed further to include a safety checklist that staff complete at the start of their shift.

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. Nursing staff-to-patient ratio

- 4.1** UNISON was disappointed that NHS Improvement did not consider looking at identifying minimum nurse-to-patient ratios for learning disability services. 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.

- 4.2** Furthermore, an acuity model makes it difficult to know if learning disability services 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 learning disability services with dangerously low staffing levels.

- 4.3** We understand that NHS Improvement’s argument for not considering nurse-to-patient ratios for learning disability services is that the evidence base is too weak. That is why UNISON believes that NHS Improvement should include a recommendation in the guidance to undertake further research regarding nurse-to-patient ratios for learning disability services.

5. Skill mix

- 5.1** 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 mix². 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.

- 5.2** 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 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),

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

² <http://qualitysafety.bmj.com/content/early/2016/11/03/bmjqs-2016-005567>

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”.³

6. Allowing for uplift

6.1 UNISON was concerned to see little inclusion of the need to factor in uplifting to allow for management of planned and unplanned leave. We note that the draft acute guidance developed by NHS Improvement includes examples of percentages of uplift that should be taken into consideration such as 14.7% for annual leave.

6.2 While we understand the examples in the acute guidance are not an exhaustive list, 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.

7. Staff training, development and education

7.1 UNISON agrees that staff training, development and education are vital to ensure that all members of the learning disability 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 needs⁴.

8. Recruitment and retention

8.1 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 survey⁵ said that they had considered leaving the organisation they work for over the last 12 months.

8.2 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=eyJpIjoiT1RFell6TTBNekZoWVRWayIsInQiOiJlYU5VMEFac2hheE9iR056WkFkVkJFFK2NIMjNsVWYrMVNUUWdENGFEWE8xaDVFdHlydG1uU2hqNIBuTUtzNURiY1cxZmpPYXRLRlZwT3VFR1wvSDAyR2dTjYjNXcDjXNUIZY0xiN0VNUWJxWUk9In0%3D

⁴ <https://www.unionlearn.org.uk/union-learning-reps-ulrs>

⁵ <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 initiative⁶. 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.

9. Flexible working

9.1 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. However, we would like to see 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.

10. Measure that matter

10.1 UNISON agrees with the examples of measures that matter included in the guidance. While we understand it is not an exhaustive list, we believe that missed care should be added under potential people-related indicators outcomes and job dissatisfaction and burnout should be added under potential staff-related indicators as these are all early indicators of unsafe staffing levels.

11. Escalation processes

11.1 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.

11.2 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 care⁷. 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.

12. Shift questions

12.1 UNISON welcomes the idea of asking staff at the end of their working day or shift on the effective delivery of services. However, we would suggest that this idea

⁶ http://www.world-psi.org/sites/default/files/attachment/news/lisa_fitzpatrick.pdf

⁷ <https://www.unison.org.uk/content/uploads/2013/06/On-line-Catalogue206953.pdf>

should be developed further. At the start of a shift, staff should be asked to complete a safety checklist similar to the World Health Organizations (WHO) surgical safety checklist⁸. This would enable staff to assess whether there are any concerns regarding unsafe staffing levels and, once identified, any concerns can be addressed before any harm is caused to the patients.

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 for learning disability services. This 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.
- 13.2** It would also have enabled nurses, patients and family members to easily identify and report when staffing levels are at a dangerous level. UNISON calls on NHS Improvement to recommend undertaking further research on nurse-to-patient ratios for learning disability services.
- 13.3** 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.
- 13.4** 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.
- 13.5** While we agree with the idea of asking staff at the end of their working day or shift on the effective delivery of services, we would like to see this idea developed further to include a safety checklist that staff complete at the start of their shift similar to the WHO surgical safety checklist.
- 13.6** 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.

⁸<http://www.nrls.npsa.nhs.uk/resources/?entryid45=59860>