

NHS Improvement consultation on safe staffing for the district nursing service – UNISON response April 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 or caseload ratios for district nursing services or suggest further research be undertaken about minimum staffing levels or ratios and the effect of these on safer nursing in community care settings.
- 2.2** We believe that ratios 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 dangerously low staffing or caseload levels.

- 2.3 While UNISON is pleased to see acknowledgement of the fact that district nurses are part of the multi-professional team, we believe the guidance needs to clearly state that when using it to establish safe case loads for district nurses that any decisions made do not have an adverse or unintended consequence for other staff groups.
- 2.4 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.
- 2.5 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 district nursing team has a union rep on it.
- 2.6 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.
- 2.7 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.
- 2.8 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.
- 2.9 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 was pleased to see acknowledgement of the fact that district nurses are part of the multi-professional team. 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.

With this in mind, it is vital that the guidance clearly states that when using it to establish safe case loads that any decisions made do not have an adverse or unintended consequence for other staff groups.

4. Nursing staff-to-patient ratio

- 4.1** The guidance states that the approach to determining a safe caseload is not based on nurse-to-patient ratios because many elements need to be considered to meet the needs of all patients within the caseload. However, the *safe staffing for adult nursing care in community settings evidence review*¹ suggested research should be undertaken about minimum staffing levels or ratios and the effect of these on safer nursing in community care settings. It's disappointing that the guidance does not make similar recommendations for future research, especially given the documents reference to the distinct lack of evidence there currently is in this area.
- 4.2** UNISON's safe staffing level report *ratios not rationing* found that 93.2% of nursing staff, including those in community settings, strongly agreed or agreed that the government should introduce legally-enforced nurse-to-patient ratios that organisations must comply with. This is because they recognise that minimum staffing ratios are fundamental to patient safety and quality of care.
- 4.3** For example, the Australian Nursing Federation reports that the introduction of ratios in Victoria led to: better recruitment and retention of nurses and greater workforce stability; adequate numbers of nurses rostered six weeks in advance; directors of nursing having fully funded budgets to provide safe staffing levels; a reduced reliance on agency staff; better patient care; more manageable nursing workloads; and increased job satisfaction for nurses and less stress.
- 4.4** In California, after the staffing ratio law came in, the number of actively licensed registered nurses in California increased from 246,068 in June 1999 to 345,497 in November 2008. The number of actively licensed registered nurses has grown by an average of more than 10,000 a year, compared to fewer than 3,000 a year prior to the law. Vacancies for registered nurses at Sacramento area hospitals have plummeted 69% since early 2004 when the ratios were first implemented. And across the state many of the biggest hospital systems have seen their turnover and vacancy rates fall below 5%, far below the national average. The ratios have also helped to fuel a dramatic increase in student interest in nursing. California nursing programmes have expanded greatly in the years since the ratio law was enacted, as the profession has become more attractive.

5. Skill mix

- 5.1** The guidance states that district nursing services are typically made up of many teams of staff nurses and healthcare support workers, with a leader for each team.

¹ <https://www.nice.org.uk/media/default/news/safe-staffing-community-nursing-evidence-review.pdf>

However, UNISON is concerned that the guidance does not make any recommendations to ensure a richer skills mix.

- 5.2** 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. While this research relates to patients in the acute setting, it is reasonable to assume that replacing registered nurses with nursing assistants in the community setting would have similar results.
- 5.3** 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), 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
- 5.4** Furthermore, with the introduction of the new nursing associate role, there is a real risk that service providers may dilute nursing skill mix creating a higher patient mortality risk unless the guidance makes reference to how this new role should be used within district nursing teams without substituting registered nurses.

6. Allowing for uplift

- 6.1** 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 district nursing team 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 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

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

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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=eyJpIjoiT1RFell6TTBNekZoWVRWayIsInQiOiJlYU5VMEFac2hheE9iR056WkFkVkJFFK2NIMjNsVWYrMVNUUWdENGFEWE8xaDVFdHlydG1uU2hqNlBuTUtzNURiY1cxZmpPYXRLRlZwT3VFR1wvSDAyR2dTYjNXcDlXNUIZY0xiN0VNUWJxWUk9In0%3D

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, UNISON's safe staffing report *ratios not rationing*⁵ found that 53.8% of nursing staff said that they would leave their job if they could. 10% said they did not want to carry on nursing at all. 67.6% said unsafe staffing levels are the most relevant factor in their decision to leave.

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 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. We are also encouraged by the inclusion of the link to the *safe staffing for adult inpatients in acute care* guide, which makes reference to 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 and improve

10.1 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, burnout, frequent use of agency staff, missed breaks and overtime should be added under

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

⁵ <https://www.unison.org.uk/content/uploads/2016/04/237291.pdf>

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

staff experience as these are all early indicators of unsafe staffing levels or patient case loads.

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. Conclusion

12.1 While UNISON welcomes the guidance, we believe that NHS Improvement missed an opportunity to consider and establish minimum nurse-to-patient or caseload ratios. 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. It would also have enabled nurses, patients and family members to easily identify and report wards with dangerously low staffing levels.

12.2 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 that NHS Improvement make reference to the importance of a richer skill mix and its association with better patient outcomes.

12.3 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.

12.4 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.

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