Trust Board **26thNovember 2014**	
Nursing Skill Mix and Ward Nursing Establishments **Submitted by:** **Liz Morgan** **Chief Nurse**	**Paper No**

Aims / summary

The publication of guidance from NHS England – '*How to ensure the right people, with the right skills, are in the right place at the right time – A guide to nursing, mid-wifery and care staffing and capability'* (NHS England, Nov 2013) and the *'Hard Truths Commitments Regarding the Publishing of Staffing Data'* issued by the Care Quality Commission in March 2104 sets out the requirement for all NHS organisations to undertake a nurse staffing establishment review every 6 months which must be reported to the Trust Board.

The Trust Board received the first such paper in May 2014, a further establishment review was undertaken in September/October 2014 this paper provides and update on nursing establishments at GOSH.

Action required from the meeting

To note the report

Contribution to the delivery of NHS Foundation Trust strategies and plans

Safe levels of nurse staffing are essential to the delivery of safe patient care and experience.

Financial implications

Already incorporated into 14/15 Division budgets, or available as part of Divisional growth plans.

Who needs to be told about any decision?

Division Management Teams
Finance Department

Who is responsible for implementing the proposals / project and anticipated timescales?

Chief Nurse; Assistant Chief Nurse – Workforce; Heads of Nursing

Who is accountable for the implementation of the proposal / project?

Chief Nurse; Division Management Teams

Nursing Skill Mix and Ward Nursing Establishments

at Great Ormond Street Hospital for Children NHS Foundation Trust

1. Introduction

1.1 Following the publication of the Francis Report 2013 and the Chief Nurse for England vision: Compassion in Practice there is greater focuson ensuring that Trusts have the right nursing workforce with the right skills to meet the needs and expectations of patients and their families. Evidence clearly demonstrates that poorly staffed wards increase staff sickness, burnout and reduce staff well-being all of which have direct consequences on outcomes of care and the patient experience.

1.2 The publication of guidance from NHS England – '*How to ensure the right people, with the right skills, are in the right place at the right time – A guide to nursing, midwifery and care staffing and capability'* (NHS England, Nov 2013) and the *'Hard Truths Commitments Regarding the Publishing of Staffing Data'* issued by the Care Quality Commission in March 2014 sets out the requirement for all NHS organisations to undertake a nurse staffing establishment review every 6 months which must be reported to the Trust Board.

2. Context/Background

2.1 Determining the skill-mix between registered and non-registered staff is not an exact science, it requires a very good understanding of the patient population and the nursing requirements foreach ward and department before deciding how many staff are required on each shift. There is evidence that the reduction in registered nurses has an adverse effect on nurse's physical and mental health, with work related stress being reported by approximately 55% of the nursing workforce nationally (NHS Staff survey).

2.2 GOSH takes the nurse staffing levels seriously and has worked hard to determine the right balance of registered to non-registered nursing staff to meet the needs of the service andensure the delivery of safe patient care. An overall nursing establishment and skill-mix has been agreed for each ward to reflect the funded activity, patient acuity, dependency, and acknowledging the increasing complexity of care and treatment GOSH provides.

2.3The National Institute for Health and Care Excellence (NICE) is systematically developing Safe Staffing Guidelines, the first set issued in July 2014 covers Adult Wards. The release date for Acute Paediatric and Neonatal Wards has yet to be confirmed. The Assistant Chief Nurse for workforce will join this reference group.

2.4 Ward nursing establishments comply with the Royal College of Nursing Standards for Children's and Young People's Nurse Staffing (2013). Nurse staffing in Intensive Care adhere to the Paediatric Intensive Care Society Guidance (2010).

3. Response to National Reporting Requirements:

3.1 The GOSH position has been reviewed against each of the 10 Expectations set out in *'How to ensure the right people, with the right skills, are in the right place at the right time; A guide to nursing, midwifery and care staffing and capability'* (NHS England, Nov 13),GOSH complies with the majority of these requirements with action plans in place to address those outstanding within the time requirement set (Appendix1).

4. Review of nursing establishments and skill mix

4.1 During September 2014 ward nursing establishments were reviewed and agreed by each Divisional Head of Nursing and General Manager andthe Assistant Chief Nurse for Workforce. All establishments agreed in April 2014 were with the exception of Badger and the International and Private Patient Wards (IPP) wards unchanged. Badger has increased its bed pool by 2 and IPP staffing has been adjusted for an increase in occupancy from 85 % to 87%. Within Infection, Cancer and Immunity (ICI) High Dependency patients are now cohorted in a newly reconfigured 'Giraffe Ward'.

4.2   Progress on implementation of the skill-mix ratios on wards was also reviewed, some areas have not as yet fully achieved their target ratios, however they do have plans to achieve these. Progress will be monitored directly with Heads of Nursing, it is anticipated the target ratios will be achieved by the end of 14/15.

Appendix 2details the agreed establishments from Oct 2014 by in-patient ward.

5.   Health Care Assistants

5.1   The *'Cavendish Review; an independent review into Health Care Assistants and support workers in the NHS and social care settings'* (2013); recommended all Health Care Assistants be required to complete as a minimum a 'Certificate of Fundamental Care'.NHS England requires that by April 2015 Trusts introduce a 'Certificate of Care', in response GOSH has developed a programme which will be introduced January 2015.

5.4   Cohorted recruitment of HCAs commenced in November 2014, the new recruits will commence in January 2015 and be the first cohort to go through the GOSH 'Certificate of Care'. PotentialHCAs will attend an assessment centre to determine their levels of literacy, numeracy and their values. The assessment centre approach will ensure we recruit staff with the values and competency required. The course will run up to 4 times each year depending on need, vacancies will be regularly assessed and HCAs recruited in cohorts to coincide with the course.

5.5   Achieving the HCA targets for GOSH Wards has been a transitional process, and the expectation is that all wards will have achieved the agreed ratio by April 2015.

5.6   Experience to date with recruiting and retaining HCAs on wards has been variable. This group requires significant investment in education, training and support. Turnover has been a concern in the ICUs alongside the burden this extra supervisory role places on the registered workforce. We will further develop measures to assess the impact of the non-registered workforce on quality and delivery of patient care.

6.   Clinical Nurse Specialists

6.1   We have further developed and improved the activity recording for Clinical Nurse Specialists (CNS). Individuals record their activity on a bespoke CNS system 'Great Ormond Street Activity Tool' (GNAT). CNSs are expected to work 2 clinical shifts (23 hours) on a ward as part of the nursing numbers each month, this equates to 15% of their time. Both Heads of Nursing and the individual CNS now have access to a suite of reports detailing CNS activity.

6.   Nursing Turnover, Vacancies and Recruitment

6.1   The number of Whole Time Equivalent (WTE) Registered Nurses in employment has increased year on year from 974 WTE in March 2011 to 1120 WTE in October 2014. The increase has enabled the Trust to keep pace with predicted growth, introduce new services and achieve national recommended staffing levels.

6.2   Registered Nurse Turnover for the Trust in October 2104 is 16.9% (Trust 17.6%), this figure has relatively static for the past 18 months falling from a peak of 20% in March 2012. The Band 5 turnover continues at above 20%. Registered Nurse sickness for the last 12 months to October 2014 is 3.45 % compared with 3.7% the previous year and a Trust average of 2.5%.The national nurse sickness rate for the quarter April to June 2014 is 4.6%.

6.3All specialist children's hospitals are reporting difficulties in nurse recruitment with most reporting closing beds to ensure safe care. There continues to be a challenge to recruit and retain Band 6 nurses, more than 50% of maternity leave is associated with this group and turnover has increased by 3% in the last year.

6.4In 2014 GOSH staff attended 3 major national job fairs (Glasgow, Manchester, London) and held a GOSH event in May and a further event is planned for November. During 2013/14 156 Band 5 and 6 nurses were recruited, we set a target of 200 nurses for 2014/15 (an increase of 22%) to date 159

nurses have been recruited exceeding last years total and we are on target to achieved the 200 target by March 2015.

6.5   GOSH has recruited 56 nurses this year from within the EU namely the Republic of Ireland, Spain and Portugal. Further interviews in November 2014, resulted in a further 29 Irish Nurses being offered employment, with an anticipated start date of April 2015.The recruitment agency report a strong interest in coming to work at GOSH although the employment market is changing in Ireland with previously 'frozen' hospital jobs being made available. The on-going partnership with our main overseas recruitment agency continues, however we plan to scope a wider use of agencies to complement the countries we are currently sourcing from. A contract with agencies specialising in other areas will ensure a good spread within Europe and ensure no direct competition occurs between our selected agencies.

6.6   It is important to note the contribution of Practice Educators who are managing increased numbers of recruits. The amount of time to prepare new nurses for their roles at GOSH can take between 1 and 3 months depending on the specialty.

6.7   A working group has been set up to review the GOSH 'working for us' pages. This will be a two stage process; updating existing content first before looking at a complete redesign of the site. Content will be simplified and more internetfriendly and there will be an increased use of online brochures and videos to highlight the work of specialist areas and staff groups.

6.8 GOSH continues to recruit to both the Newly Qualified Nurse Critical Care and the separate general Rotation Programmes. These programmes evaluate extremely well being an attractive career development opportunity, following completion the vast majority of participants remain in the Trust. Twenty eight nurses commenced in October 2014 on these programmes. The surgical division propose to commence a similar programme for their division. Historically the Trust has offered two programmes each year, however due to changes in University programmes the last 18 month programme will commence March 2015, following this the programme will them move to an annual programme commencing each September, the programme will be for 2 years consisting of three 8 month clinical placements.

6.9   The Trust recognises the value of RN Adult Registered Nurses (only). We are recruiting up to 20% adult only registered nurse in the ICUs and 10% on wards with the option of obtaining Child Branch Registration. This process will become formalised from autumn/winter 2014. We have advertised for adult registered nurses with experience in an acute GOSH relevant specialty to apply to undertake the Child Branch Conversion Programme. Candidates will be recruited by a ward/division and spend 6 months – 1 year gaining ward experience prior to commencing the programme. They will be expected to continue in service at GOSH following the programme.

6.10   In addition to the substantive workforce the Trust Bank currently has over 1200 nurses and Health Care Assistants on its books, these staff work regular shifts to support the delivery of care in times of higher than expected patient acuity and staff sickness.

6.11   Following an increase in Intensive Care Bank Nurse payrates last year theoverall fill rate has increased by 20% and the reliance on 3rd party agencies reduced.

6.12 There is some evidence to support the view that some nurses struggle once their term of 'hospital' accommodation has finished and this influences their decision to leave. The term for band 5s and 6s has recently increased to 18 months. Hospital accommodation remains a key benefit for staff, increasing the term to 2 years minimum would enable new nurses to London to become more established and in turn improve retention.

6.13 Managers often cite delays in the recruitment process as a cause for concern. The recruitment team are developing a set of KPIs to provide assurance for managers that their candidates are processed quickly and effectively; indicators such as advertising vacancies and sending offer letters within two

working days and clearing pre-employment checks (those which the team have influence over) within 15 working days. This will contribute to reducing the overall time to hire for all incoming staff. After a period of internal testing the KPIs will be introduced in early 2015.

6.14 As a result of discussion (led by GOSH) between the specialist children's hospitals and Health Education England there is growing recognition of the urgent need to understand and investigate the full position regarding the children's nursing workforce serving the patient pathway from community care to tertiary services. It is apparent that the national data regarding this sector is unreliable and the gaps are becoming increasingly apparent. Furthermore the Centre for Workforce Intelligence and Health Education England alongside GOSH and other UK paediatric centres are lobbying for Paediatric Critical Care Nurses to be included in the StandardOccupation Classifications for overseas recruitment. Neonatal Nurses are the only nursing group currently included.

6.15 The Ward Sister/Charge Nurse role is pivotal to the delivery of high quality nursing care and leadership. We have in line with the Francis report recommendations agreed the supervisory time component to the role. We have undertaken focused work with this group to understand the pressures, challenges and development needs. We will further explore how best to enable and support the Ward Sister/Charge Nurses in their role, the next phase of this work will be to gather more detail on their training needs. Analysis of training records shows inconsistency across the Divisions.

6.16 Corporate Nursing has recently surveyed a number of nurse leavers from the last 2 years, 70 responses have been received and will be analysed over the next month.

7. Conclusion

7.1 We have undertaken a comprehensive ward by ward review of staffing levels to ensure ward establishments are robust and able to meet the national recommendations to ensure safe, quality care is provided. This paper can assure the Board that the Trust has safe staffing levels and systems in place to manage the demand for nursing staff, however there is no room for complacency and there is a need to stabilise the workforce by continuing with the current recruitment drive and strategies to improve deployment of nursing staff and overall retention.

8. Recommendation:

It is recommended Trust Board note this report.

Appendix 1:Response to the 10 Expectationsto ensure safe staffing and capability

	Expectation	Evidence
Accountability and responsibility		
1	Boards to take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full collective responsibility for nurse and care staff capacity and capability.	Establishment Reviews completed 6 monthly. Monthly reports provided to Trust Board comparing staff on duty v rostered v patient acuity/dependency.
2	Processes are in place to enable staffing establishments to be met on a shift to shift basis. Director of Nursing to routinely monitor shift to shift staffing levels including use of temporary staff.	E-Rostering used on wards. Daily Operational Bed meeting and circulation of bed status to Chief Nurse; Deputies and Heads of Nursing. Escalation in Operational Bed Management Policy.
Evidence based decision-making		
3	Use of evidence based tools to inform nursing staffing capacity and capability including staffing requirements, numbers and skill-mix.	PANDA used on wards. Rostering Policy in place. Nursing KPIs in place and reviewed at quarterly nursing performance reviews.
Supporting and Fostering a Professional Environment		
4	Organisation supports and enables staff to deliver compassionate care by fostering a culture of professionalism, responsiveness and openness where staff feel able to raise concerns and where substantiated organisation acts on concerns raised.	Friend and Families Test. Values Commitment. Annual Staff Survey. HR policies on whistle blowing. Staff Appraisals. Visible Nurse Leadership programme.
5	Director of Nursing leads a multi-professional approach to setting nurse staffing establishments involving sisters/charge nurses, nurse managers, operational managers, MD and Directors of Finance.	As in expectation 1. Monthly Reports to Board commenced in June 2014
6	Staffing establishments allow nursing and care staff time to fulfil responsibilities in addition to direct care, e.g. CPD, mentorship and supervisory roles. Ward Sister / Charge Nurse afforded supervisory role. Establishments to factor in planned and unplanned leave	Agreed principles - 22% uplift in ward budgets to allow for planned and unplanned absence, does not include maternity leave. Supervisory Ward Sisters 70% (12 or more beds) 50% (11 or less Beds) excludes ICU. Study leave Policy in place. Preceptorship provided for Newly Qualified Nurses.
Openness and Transparency		
7	Boards receive monthly updates on workforce information including number of actual staff on duty during previous month, compared to planned staffing leave. Twice per year an establishment review is undertaken and discussed at public Board meeting.	As in expectation 1
8	NHS providers clearly display information about nursing and care staff present on each ward/ clinical setting on each shift.	Boards launched May 1st. Standard Operating Procedure written.
Planning for Future Workforce requirements		
9	Providers actively manage existing workforce and have robust plans to recruit, retain and develop staff. Information is shared with local LETB. Robust Workforce Planning processes in place.	Recruitment Plan for 2014/2015. Regular meetings with LETB to further workforce requirements. National discussion with specialist children's hospitals and Health Education England to express concerns re nurse shortages.
Role of Commissioning		
10	Commissioners actively seek assurance regarding workforce with providers by specifying in contracts outcomes and quality standards and that providers have sufficient nursing and care staff capacity and capability to meet these.	Bi monthly Trust Board reports to be presented to the commissioners at the Clinical Quality Review Group.

Appendix 2: Nursing Establishment by In-Patient Ward at 1st November 2014

Division	Ward	Established Bed Numbers	Target Registered: Non-registered ratio	Target Band 5:6 ratio	Ward sister supervisory time	Required Nursing Establishment (incl, registered & Non-registered 1st Nov 2014)	Required Registered	Required Non-Registered
CCCR	Badger	15	85:15	70:30	70%	47.0	39.5	7.5
CCCR	Bear	22	85:15	70:30	70%	56.8	47.8	9.0
CCCR	Flamingo	17	90:10	60:40	n/a	131.8	121.0	10.8
CCCR	Miffy (TCU)	5	65:35	70:30	50%	21.8	14.0	7.8
CCCR	NICU	8	90:10	60:40	n/a	56.7	51.5	5.2
CCCR	PICU	13	90:10	60:40	n/a	92.3	83.4	8.9
ICI-LM	Elephant	13	85:15	70:30	70%	30.7	25.7	5.0
ICI-LM	Fox	10	85:15	70:30	50%	36.2	31.0	5.2
ICI-LM	Giraffe	7	85:15	70:30	50%	20.0	19.0	1.0
ICI-LM	Lion	11	85:15	70:30	50%	27.2	22.0	5.2
ICI-LM	Penguin	9	80:20	70:30	50%	20.7	15.2	5.5
ICI-LM	Robin	10	80:20	70:30	50%	32.4	27.2	5.2
IPP	Bumblebee	21	80:20	70:30	70%	48.0	38.3	9.7
IPP	Butterfly	18	80:20	70:30	70%	47.7	37.2	10.5
MDTS	Eagle	21	80:20	70:30	70%	50.0	39.5	10.5
MDTS	Kingfisher	16	80:20	70:30	70%	24.5	18.2	6.3
MDTS	Rainforest Gastro	8	80:20	70:30	50%	19.0	13.8	5.2
MDTS	Rainforest Endo/Met	8	80:20	70:30	50%	20.9	15.7	5.2
Neurosciences	Mildred Creak	10	60:40	62:38	50%	19.6	11.8	7.8
Neurosciences	Koala	24	85:15	70:30	70%	51.8	44.7	7.1
Surgery	Peter Pan	16	80:20	70:30	70%	29.5	24.5	5.0
Surgery	Sky	18	80:20	70:30	70%	36.2	31.0	5.2
Surgery	Squirrel	22	85:15	70:30	70%	50.6	43.6	7.0
	TRUST TOTAL:	**322**		**TRUST TOTAL:**		971.4	815.6	155.8
	TRUST TOTAL 1st April 2014	**313**		**TRUST TOTAL:**		965.9	813.3	152.6

The increase in bed numbers is due to the inclusion of hamodialysis and a further two additional beds on Badger Ward.