Great Ormond Street Hospital for Children NHS
NHS Foundation Trust

Trust Board
22nd July 2015

Nursing Skill Mix and Ward Nursing Establishments **Submitted by:** **Juliette Greenwood** **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, 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 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.

This report is the third such report submitted to Trust Board since the publication of the above guidance and provides an update on the required ward nursing establishments at GOSH.

Action required from the meeting
To discuss the findings and note the changes in establishment in response to safety requirements and changes in occupancy, acuity and dependency.

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 within the 15/16 Division budgets.

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 focus on ensuring that Trusts have the right nursing workforce with the right skills to meet the needs and expectations of patients and their families. 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 of Directors. The Board received the last report for the period May to October 2014 in November 2014.

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 for each ward and department before deciding how many staff are required on each shift. There is evidence that a 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 (2014 NHS Staff survey). National and International 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. Ahead of the recommendations from Francis etc. the Chief Nurse and Assistant Chief Nurse met in 2013 with Unit General Managers and Heads of Nursing to review nursing establishments and skill-mix, this was the first of such meetings.

2.2 In order to plan safe nurse establishments for the future the review took into consideration a number of sets of information including data on staffing and clinical incidents as well as bed closures.

2.3 One of the aims was to bring uniformity to the staffing approach at GOSH e.g. Band 5:6 ratios and registered:non registered ratios, ultimately ensuring establishments were able to meet the proposed funded activity, patient acuity, dependency, and acknowledging the increasing complexity of care and treatment GOSH provides. A further set of meetings were held to agree the detail, these included local finance managers.

2.4 Work to determine the appropriate balance of registered to non-registered nursing staff to meet the needs of the service and ensure the delivery of safe patient care has been fundamental to the introduction of Health Care Assistants (HCAs) into the wards.

2.5 The National Institute for Health and Care Excellence (NICE) developed a number of Safe Staffing Guidelines. The plan to develop further guidance to include Acute Paediatric and Neonatal Wards has ceased.

2.6 In the absence of any nationally determined mandated guidelines for the staffing of childrens wards, the Royal College of Nursing Standards for Children's and Young People's Nurse Staffing (2013) are used as the best national speciality specific guidance available. Nurse staffing in Intensive Care adhere to the Paediatric Intensive Care Society Guidance (2010). In addition PANDA (Paediatric Acuity and Nurse Dependency Assessment Tool) is widely used across GOSH to assist in determining safe staffing, the use of these tools is comparable to approaches in use in children's environments across the UK. The RCN categories are:

- Normal dependency Under 2 Years - 1 Nurse : 3 Patients
- Normal dependency Over 2 Years - 1 Nurse : 4 Patients
- Ward High Dependency 1 Nurse : 2 Patients
- Ward Intensive Care 1 Nurse : 1 Patient
- Intensive Care - 1.5 Nurses: 1 Patient (this includes ventilated children on vasoactive drugs with multiple system problems.

- Intensive Care - 2 Nurses: 1 Patient (this includes children requiring ECMO or renal replacement therapies).

3. Bi annual review of nursing establishments and skill mix

3.1 During April/May 2015 the in-patient ward nursing establishments were reviewed and agreed by each Divisional Head of Nursing, General Manager and the Assistant Chief Nurse for Workforce. As part of the review quality measures such as complaints, datix reports and PALS reports received on safe staffing were reviewed alongside ward incidents. Projected activity, dependency, occupancy and PANDA data underpinned by professional judgement informed and determined safe establishments on GOSH wards. Table 1 provides a breakdown of PANDA data for the previous 9 months, this shows a consistent level of dependency and acuity over this period e.g. approx. 36% of GOSH Ward patients are Ward Intensive Care requiring 1:1 Care, approx. 65% of all GOSH patients require either Ward Intensive Care and/or High Dependency Care during their admission.

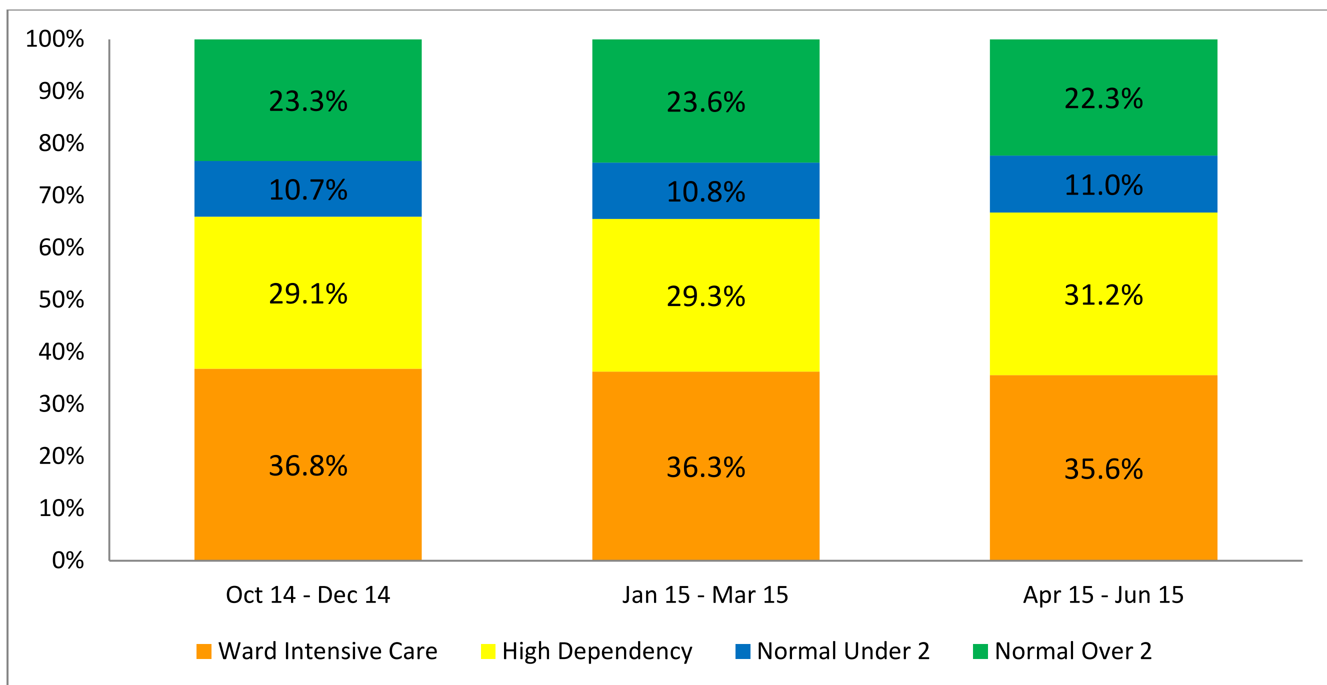


Table 1 – Quarterly PANDA data by Category

3.2 Appendix 2 details the agreed establishments from June 2015 by in-patient ward. The majority of establishments agreed in October 2014 and reported to the Board in November 2014 were carried forward the exceptions are:

- Koala Ward - increase in Registered Staff numbers by 4.2 Whole Time Equivalents (WTE), 3.5 Band 5, and 0.7 Band 3, this is to accommodate the increase in bed occupancy to 90%, acknowledging the extra operating lists and the higher patient dependency.
- In November 2014 a further review of Rainforest Gastro identified safety concerns on night shifts, as a result the Registered Nurse complement was increased by 2 WTE Band 5 taking effect in December 2014.

3.3 Progress on implementation of the skill-mix ratios on wards was also reviewed, the Intensive Care areas have not as yet fully achieved their target ratios. Initial recruitment to these areas was successful, however staff turnover and lack of uniformity in the deployment of HCAs in the ICUs has prompted a review of the HCA role. The review is now complete and a phased re introduction of the HCA role will commence initially on CICU and PICU. Progress will be monitored directly with Head of Nursing, it is anticipated the target ratios will be achieved by the end of 2015.

3.4 Core principles used to determine nursing establishments are outline in Appendix 1 these were presented to the Clinical Governance Committee in January 2014 and Trust Board.

3.5 Although 3 establishment reviews have taken place and establishments agreed with Heads of Nursing and General Managers, not all ward staffing budgets have been adjusted accordingly, also some elements of the pay budget have not been included or underestimated e.g. unsocial hours payments. To gauge the extent of the problem an exercise will be undertaken with each Division and will include Finance, Workforce Planning and the Assistant Chief Nurse, aiming to identify the extent of any discrepancy, and ensure that the full cost of staffing is clear and transparent. Ultimately matching budget and establishments including the appropriate uplift and unsocial hours payments.

3.6 Given the increased requirements for training and updating of staff an uplift of 22% may be insufficient, some NHS organisations have increased this to 25%. In addition the constant turnover and training of staff means for example a new nurse to intensive care will require 3 months supernumerary in addition to the 22% for annual leave, sickness and study leave. Therefore almost 50% of their first year will not be in rostered practice. Further analysis will be undertaken to consider an appropriate uplift for ward establishments.

4. Summary of Recruitment, Staff Turnover and Sickness

4.1 Nurse sickness on inpatient Wards for the year to June 2015 is 3.6%, sickness of less than 21 days accounts for 1.7% of total, long term sickness i.e. greater than 21 days accounts for 1.89% of total, for all registered nurses in the Trust the average is 3.2%. The average for all staff groups is 2.63%. The national sickness rate for nurses and midwives is reported as approx. 5%.

4.2 Turnover for the year to June 2015 is reported as 18.5% (17.2 % Trust nurse average). Maternity Leave is at 6.2% for inpatent wards (4.5% Trust nurse average). Appendix 3 provides a table to summarise turnover, sickness and maternity leave by inpatient ward.

4.3 All specialist children's hospitals are reporting difficulties in nurse recruitment and retention. There continues to be a challenge to recruit and retain Band 6 nurses, there is a disproportionately high level of maternity leave associated with this group and turnover has increased by 3% in the last year. To encourage band 5s into the role and aid transition a Band 6 development programme was introduced in 2014.

4.4 During 2013/14 156 Band 5 and 6 nurses were recruited to inpatient wards, a target of 200 nurses was set for 2014/15 (an increase of 44 staff - 28%), 207 (an increase of 51 staff - 33%) have actually been recruited to wards with an additional 50 Health Care Assistants. The impact of these additional posts has been reduced by an increase in turnover and new posts. Table 2 shows the increase in staff in post from 827 in May 2014 to 872 in April 2015. Table 3 shows vacancies by Band in WTE and percentages.

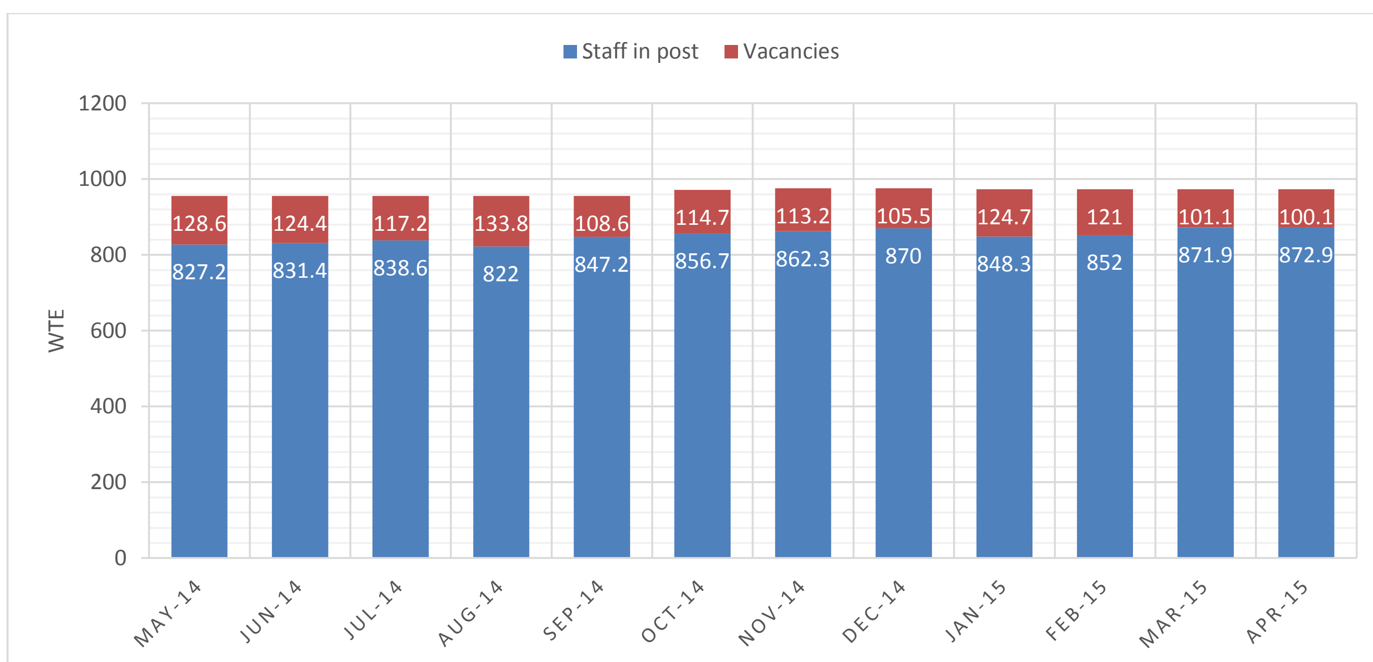
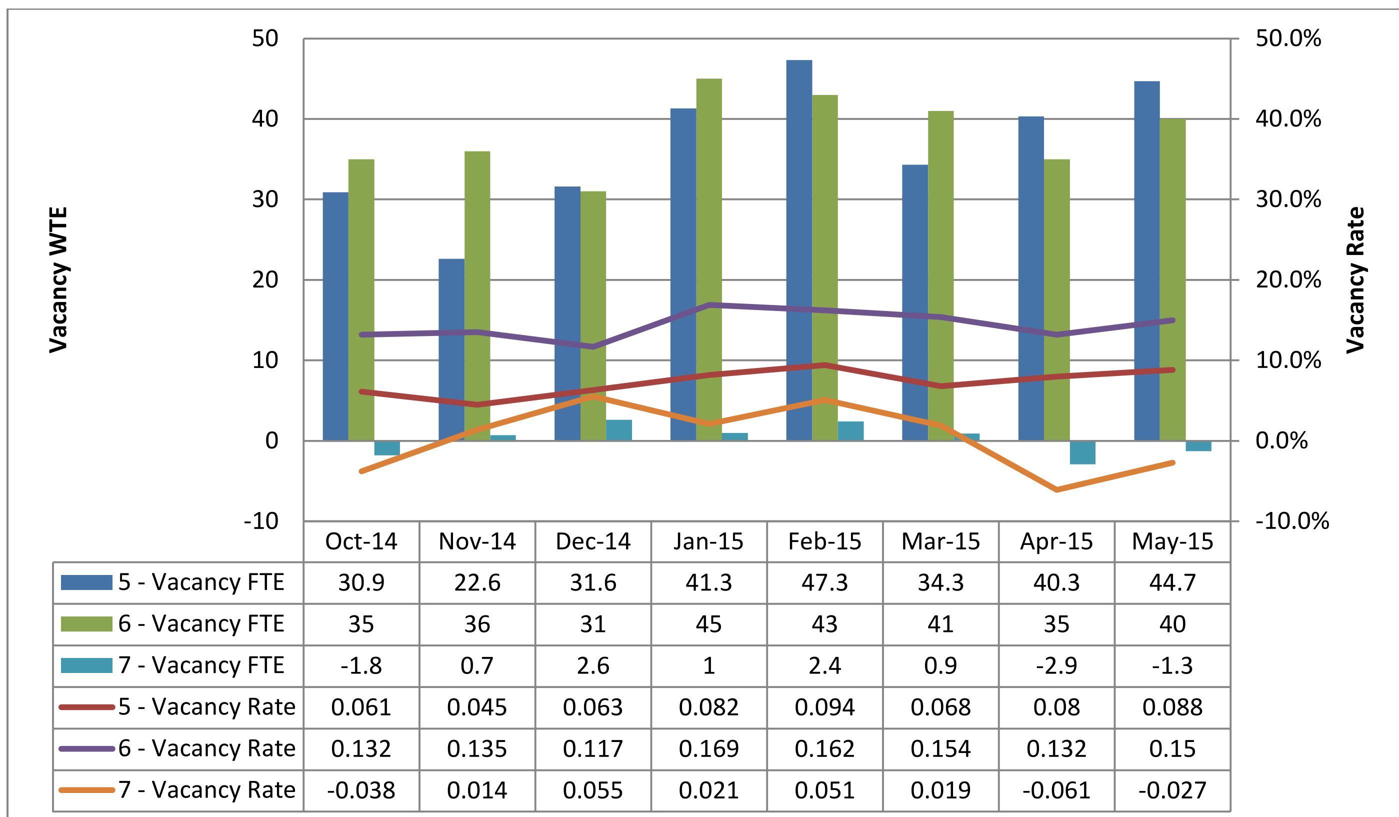


Table 2. Inpatient ward staff: Registered Staff in post and vacancies



	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
5 - Vacancy FTE	30.9	22.6	31.6	41.3	47.3	34.3	40.3	44.7
6 - Vacancy FTE	35	36	31	45	43	41	35	40
7 - Vacancy FTE	-1.8	0.7	2.6	1	2.4	0.9	-2.9	-1.3
5 - Vacancy Rate	0.061	0.045	0.063	0.082	0.094	0.068	0.08	0.088
6 - Vacancy Rate	0.132	0.135	0.117	0.169	0.162	0.154	0.132	0.15
7 - Vacancy Rate	-0.038	0.014	0.055	0.021	0.051	0.019	-0.061	-0.027

Table 3: The Number and % of In Patient Ward Vacancies by Band.

4.5 Band 6 vacancies have been consistently high for several years, some divisions convert Bands 6s to 5s flexibly, the impact of permanent regrading of these posts will be explored with the Heads of Nursing.

5. Health Care Assistants (HCA)

5.1 Following agreement on the introduction of HCAs onto wards in 2013 progress in divisions to achieve their target was slow, some areas did not have vacant registered nurse posts to convert or were uncertain of the impact of such a change. Cohorted recruitment of HCAs commenced in November 2014 to drive this process. To aid the transition and speed up implementation of the role, current recruitment has been focussed on experienced Band 3 HCAs, to date three assessment centres have taken place, determining the candidates levels of literacy, numeracy, communication and ensure their values align to Trust values. Our experience to date with recruiting HCAs has been variable. Although large numbers of applications are received there is significant fall out throughout the recruitment process. Once an established cohort of HCAs have been recruited and trained we will explore recruitment at Band 2.

5.2 In line with the national employment requirements of the *'Cavendish Review; an independent review into Health Care Assistants and support workers in the NHS and social care settings'* (2013); GOSH has implemented the 'Certificate of Fundamental Care' training. The certificate must be completed with 12 weeks of commencement of employment, and until complete HCAs must be supervised. Two cohorts have received the training and a further two cohorts are planned for 2015. A Practice Educator is employed for HCAs.

5.3 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. However once competent HCAs become a valuable asset to ward teams, feedback from registered staff and families supports this.

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 Nursing Activity Tool' (GNAT). CNSs have for a number of years been required 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 (Whole Time Equivalent). This rule was once more endorsed in July 2014 following a review of CNS activity with Divisional General Managers and Heads of Nursing, the shifts are included in the Divisional Productivity and Efficiency plans.

7. Nurse Bank

7.1 In addition to the substantive workforce the Trust Bank currently has over 1316 nurses and Health Care Assistants on its books (1062 substantive staff, 254 non substantive staff). These staff work extra shifts to support the delivery of care in times of higher than expected patient acuity and staff sickness. The current fill rate of requests is circa 90%. Our reliance on third party agencies has significantly reduced over recent years to between 3% and 5%, agency nurse are mainly employed in satellite recovery areas, it is anticipated that this number will reduce further as the management of these areas has been centralised under theatres.

8. Safe Staffing Reports (UNIFY)

8.1 The Trust submits monthly safe staffing data to NHS England, statistics are published on NHS Choices, Trust Board receives these figures monthly as part of the Safe Nurse Staffing Report. Table 4 shows the analysis of data submitted between May 2014 and May 2015. The Trust monthly overall fill rate i.e. hours worked expressed as a % of planned hours for this period falls between 96% - 102%. Many of the wards actual hours are now falling within the 90% – 110% bracket however there are several wards that repeatedly fall outside of this threshold. With robust data we will investigate further with Heads of Nursing.

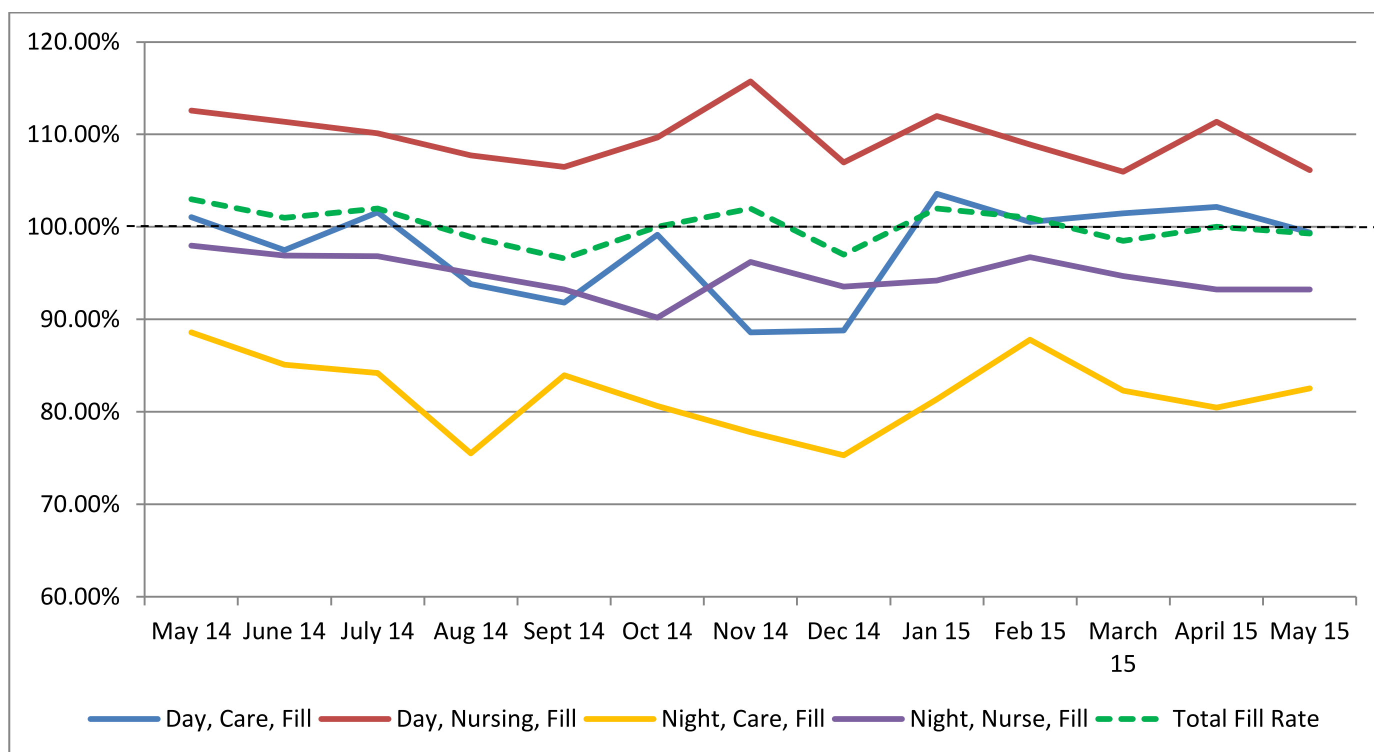


Table 4: Analysis of Nurse Safe Staffing UNIFY Return

9. PANDA

9.1 PANDA has been purchased by 6 NHS Trusts, and is on trial in a further 3. A PANDA User group meets quarterly, presenting an ideal opportunity to benchmark practice and agree how PANDA

could be developed further. A review of PANDA categories is under way, a more comprehensive suite of reports has been commissioned, and in addition we are exploring ways of incorporating actual staffing data to compare against PANDA predicted staffing data.

10. Electronic Rostering

10.1 Rosterpro is the electronic rostering system utilised by nurses. To assure the Trust that nurses are deployed effectively and appropriately a short term project will commence in July 2015. This will involve in-depth analysis of three consecutive monthly rosters, information will be cross referenced against a number of criteria. Feedback will be provided to managers commencing August 2015. Unfortunately we cannot merge data from PANDA and Rosterpro.

11. Conclusion

11.1 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. Following this review 21 Ward establishments remain unchanged, Rainforest Gastro introduced 2 posts in December 2014, Koala 4 posts from April 2015. There is a need to continue with the drive to recruit Health Care Assistants, in addition the need to explore further the recruitment and retention of the Band 6 cohort or seek alternative routes to ensure we meet the ward establishment requirements. This paper can assure the Board of Directors 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.

12. Recommendation:

It is recommended Trust Board note this report

Note the work and robustness of the review process

Note the further work, recommendations and associated implications

For the Board to support the decision and rationale to amend the establishments on Koala and Rainforest (Gastro) Wards.

Appendix 1

Principles for Calculating Nursing Establishments

1. On wards with one Band 7 Sister/Charge Nurse - do not include uplift/head room.

2. On ICUs Band 7 Sister/Charge Nurse work shifts and there is a requirement for, 24/7cover therefore head room is included.

3. Band 7 Supervisory to Practice time i.e. not in rostered numbers. The RCN propose that Ward Sister/Charge Nurses are totally supervisory to practice, recognising the pivotal role played in maintaining quality, managing patient experience and being leaders, these views are echoed in the Francis report. GOSH will implement as follows; wards with 13 beds and over 70% of time will be supervisory, Wards with 12 beds and under 50% of the time will be supervisory.

4. Agreement on forecasted activity, planned dependency and occupancy levels - establishments can be reviewed and adjusted accordingly, accepting variability between weekdays and weekends.

5. If basing establishments on out turn, then a clear understanding of what outturn means, how are refused, cancelled or delayed admissions to services incorporated to give the anticipated level of activity and occupancy.

6. Projected occupancy needs to be based on activity and growth, including impact of growth or reduction in other related services e.g. increase in PICU capacity and knock on effect of discharges from PICU to GOSH wards.

7. Increased ICU throughput and expansion leads to increased pressure on wards, the patient pathway must be factored into activity forecasts and discharges areas staffed appropriately.

8. Admissions are blocked due to pressures on beds electives v emergencies, ICU discharges v local emergency admissions. Need to ensure the planning model has sufficient capacity for emergencies.

10. Acknowledging Education and Training Requirements as an essential element of calculating establishments, therefore a 22% uplift on rosters is the accepted norm when calculating establishments, this is exclusive of maternity leave.

11. Uplift includes a percentage for sickness but does not include other types of leave, General Managers and Heads of Nursing to proactively manage staff sickness to achieve a target of under 3%.

12. The main bulk of uplift is annual leave, to maximise staff utilisation and meet activity levels managers must allocate, manage and monitor annual leave.

Appendix 2: Nursing Establishment by In-Patient Ward at 1st June 2015

Division	Ward	Established Bed Numbers	Target Registered: Non-registered ratio	Target Band 5:6 ratio	Ward sister supervisory time	Nursing Establishment (incl, registered & Non-registered 1st Nov 2014)	Nursing Establishment (incl, registered & Non-registered) 1st June 2105	June 2015 Registered	June 2015 Non-Registered
CCCR	Badger	15	85:15	70:30	70%	47.0	47.0	39.5	7.5
	Bear	22	85:15	70:30	70%	56.8	56.8	47.8	9.0
	Flamingo	17	90:10	60:40	n/a	131.8	131.8	121.0	10.8
	Miffy (TCU)	5	65:35	70:30	50%	21.8	21.8	14.0	7.8
	NICU	8	90:10	60:40	n/a	56.7	56.7	51.5	5.2
	PICU	13	90:10	60:40	n/a	92.3	92.3	83.4	8.9
ICI-LM	Elephant	13	85:15	70:30	70%	30.7	30.0	25.0	5.0
	Fox	10	85:15	70:30	50%	36.2	36.0	31.0	5.0
	Giraffe	7	85:15	70:30	50%	20.0	22.0	19.0	3.0
	Lion	11	85:15	70:30	50%	27.2	26.0	22.0	4.0
	Penguin	9	80:20	70:30	50%	20.7	21.3	15.5	4.8
	Robin	10	80:20	70:30	50%	32.4	31.7	27.2	4.5
IPP	Bumblebee	21	80:20	70:30	70%	48.0	48.0	38.3	9.7
	Butterfly	18	80:20	70:30	70%	47.7	47.7	37.2	10.5
MDTS	Eagle	21	80:20	70:30	70%	50.0	50.0	39.5	10.5
	Kingfisher	16	80:20	70:30	70%	24.5	23.3	17.1	6.2
	Rainforest Gastro	8	80:20	70:30	50%	19.0	21.0	17.0	4.0
	Rainforest Endo/Met	8	80:20	70:30	50%	20.9	20.8	15.7	5.2
Neuro-sciences	Mildred Creak	10	60:40	62:38	50%	19.6	19.6	11.8	7.8
	Koala	24	85:15	70:30	70%	51.8	56.0	48.2	7.8
Surgery	Peter Pan	16	80:20	70:30	70%	29.5	29.5	24.5	5.0
	Sky	18	80:20	70:30	70%	36.2	36.2	31.0	5.2
	Squirrel	22	85:15	70:30	70%	50.6	50.6	43.6	7.0
TRUST TOTAL June 2015:		322		TRUST TOTAL:			976.1	820.8	154.4
TRUST TOTAL Nov 2014		322		TRUST TOTAL:		971.4		815.6	155.0
TRUST TOTAL April 2014		320		TRUST TOTAL:		965.9		813.3	152.6

Appendix 3 – Matrernity Leave, Sickness and Turnover for Inpatient Wards