

<b>Trust Board</b> <b>23<sup>rd</sup> May 2014</b>	
<b>Safe Nurse Staffing Report</b>	<b>Paper No</b>
<b>Submitted by:</b> <b>Liz Morgan</b> <b>Chief Nurse</b>	
<b>Aims / summary</b> <p>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.</p> <p>This paper provides assurance that the Trust has safe staffing levels and systems in place to manage the demand for nursing staff.</p> <p>The current position will be presented at Trust Board.</p>	
<b>Action required from the meeting</b> To note the report	
<b>Contribution to the delivery of NHS Foundation Trust strategies and plans</b> Safe levels of nurse staffing are essential to the delivery of safe patient care and experience.	
<b>Financial implications</b> Already incorporated into 14/15 Division budgets	
<b>Who needs to be told about any decision?</b> Division Management Teams Finance Department	
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> Chief Nurse; Assistant Chief Nurse – Workforce; Heads of Nursing	
<b>Who is accountable for the implementation of the proposal / project?</b> Chief Nurse; Division Management Teams	

## Staffing

### Nursing Skill Mix and Ward Nursing Establishments

#### The Standards 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. 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, including 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 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.
- 1.3 In addition, Boards are to receive a monthly summary report of planned and actual nurse staffing on a daily shift by shift basis (GOSH submission planned for June 2014).

#### 2. Context/Background

- 2.1 Approximately 33% of NHS provider Trusts are reporting difficulties in recruiting sufficient nursing staff to meet their needs (RCN 2013). Since May 2010 the total number of nurses in the NHS has fallen by 22428 WTE equivalent to 33093 headcount, a decrease of 2.1%.
- 2.2 It is predicted that the number of nurses in the system will reduce by a further 4 – 5.3% between 14/15 and 15/16 (RCN 2013). The actual reduction in the children's nursing workforce is approximately 1.3%. This is causing significant recruitment difficulties further compounded by a reduction in commissioned nursing student places by approximately 15% since 09/10.
- 2.3 Evidence now available directly attributes failings in care and increased mortality rates to poorly staffed wards. There is evidence that the reduction in the pool of registered nurses is having an adverse effect on nurse's physical and mental health with workforce stress being reported by approximately 55% of the nursing workforce (NHS Staff survey).
- 2.4 Determining the skill-mix between registered and non-registered staff is not an exact science and requires a very good understanding of the patient population and nursing requirements to determine how many staff are required per shift. 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 and ensure 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 and dependency, including the increasing complexity of care and treatment providing assurance of compliance with the Royal College of Nursing Standards for Children's and Young People's Nurse Staffing (2013) as set out in Appendix 1.

#### 3. Response to National Reporting Requirements:

- 3.1 We have reviewed the GOSH position 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), and can report compliance with the majority of these requirements with action plans in place to address those outstanding within the time requirement set (Appendix 2).

#### **4. Review of nursing establishments and skill mix**

- 4.1 Evidence provided to the Francis Enquiry demonstrates the importance of the registered: non-registered ratio and that nurses are educated in the care of the population group they look after in delivering safe patient care.
- 4.2 The 'Ward Establishment Review Toolkit' available on the Trust Workforce Intranet provides comprehensive workforce and patient dependency data imported from the Paediatric Acuity and Nurse Dependency Assessment Tool (PANDA) and Electronic Staff Record (ESR).
- 4.3 In calculating ward nursing establishments the Royal College of Nursing guidance '*Health care service standards in caring for neonates, children and young people*' (issued 2011, revised and reissued in 2013) are followed.
- 4.4 During March and April 2014 ward nursing establishments were reviewed and agreed by each Divisional Head of Nursing, General Manager and Finance Manager with the Assistant Chief Nurse for Workforce, before being submitted to Finance to form the basis for 2014/15 ward nursing budgets required to meet the Trust contracted activity.
- 4.5 The establishments have been tailored to reflect each wards patient acuity, dependency and activity to ensure a safe staffing level.
- 4.6 The appropriate skill-mix on wards was also reviewed and agreed including the Registered: Non-Registered staff ratio, Staff Nurse Band 5: Senior Staff Nurse Band 6 ratios.
- 4.7 An agreed uplift of 22% has been included to allow for annual leave, sickness, essential training. It does not however include any cover for maternity leave currently at 5.01% against a Trust average of 3.63%.
- 4.8 Intensive Care nurse staffing levels adhere to the Paediatric Intensive Care Society Guidance (2010). The ITUs have reviewed their staffing numbers and increased this to the 7.1 WTE nurses recommended for each ICU bed. To achieve this will require a net increase in the number of nursing posts.
- 4.9 Appendix 3 details the proposed establishments for 2014/15 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'.
- 5.2 110 (85%) Trust HCAs have successfully completed the GOSH HCA Foundation Programme. In 2014 this will be replaced with a 'Certificate of Competence in Principles of Children's and Young People's Healthcare' developed to meet Cavendish/Francis requirements and provide a consistent standard for education in Children and Young People's care at GOSH.
- 5.3 However, NHS England requires that by April 2015 Trusts introduce a 'Certificate of Care' for HCA staff. A 'Certificate of Care' for GOSH is currently being developed by the Nursing and Non-Medical Education Team and will incorporate the Trust induction for HCA staff.

#### **6. Nursing Turnover, Vacancies and Recruitment**

- 6.1 The number of registered nurses in the Trust has increased from 2011 – 2014. Registered Nurse Turnover for the Trust has reduced from 20% to 15.5% in the same timeframe. The Trust average for March 2014 is of 17.3% (excluding junior doctors).
- 6.2 By comparison Evelina Children's Hospital is reporting a turnover of 19% and Barts Health Children's Service is reporting 17%.
- 6.3 All specialist children's hospitals are reporting difficulties in nurse recruitment with most reporting some degree of bed closure to manage safe levels of staffing. There continues to be a challenge to

recruit Band 6's and retain some Band 7's. Feedback from staff indicates this is mainly due to the cost of living in London or personal life or career choice. .

- 6.4 There has been a 15% reduction in commissioning student nurse training places across the UK since 2009/10 compounding the recruitment difficulties.
- 6.5 In addition to the substantive workforce the Trust nurse bank has 1125 registered nurses and 158 HCA's on its books. Many are our own staff however one fifth elect to work solely through the bank by personal choice. We are able to draw from the bank to support service delivery especially during periods of high intensity.
- 6.6 The main areas of concern are the Intensive Care areas where shift fill rates were consistently below 70% compared to a Trust wide fill rate excluding ICUs of 90%. An Increase in Bank Intensive Care pay-rates has resulted in an increased Bank fill rate and a reduction in third party agency nurses (Appendix 4).
- 6.7 Theatres have made a huge transition from a heavy reliance on agency staff to zero, and have sustained this position.

## **7. Conclusion**

- 7.1 We have undertaken a comprehensive ward by ward review of staffing levels to ensure they are staffed safely. This will be reviewed every 6 months. 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 retention. The current position will be presented at Trust Board.

## **8. Recommendation:**

It is recommended Trust Board note this report.

**Appendix 1:** The RCN published a set of 16 core standards for children and young people's services in 2013. As assessment has been undertaken against each of these standards within GOSH, and is set out as follows:

	<b>Standard</b>	<b>Compliance</b>
1	The shift supervisor will be in a supervisory role	Compliant
2	Nurse Specialists and ANPs not included in bed side numbers.	Compliant
3	One Nurse per shift will be trained in APLS/EPLS	Compliant. All GOSH Nurses are as a minimum PILS trained. All CSPs EPLS/APLS trained
4	Minimum of 70:30 registered: unregistered staff in clinical areas	Compliant
5	25% uplift in establishment to cover annual leave, sickness and study leave.	Previously variable across Trust. 22% agreed Autumn 2013
6	Two RN Child nurses at all times in in-patients and day care.	Compliant
7	Nurses should be trained in Children's Nursing with additional training for specialist services / roles.	Compliant
8	70% of nurses should have appropriate training for the speciality (i.e. Intensive Care, Oncology and Neurosurgery)	Partially Compliant
9	Support roles should be used to ensure that RN are used effectively	Compliant. Ward Housekeepers, Administrative and Health Care Assistants, Play Specialists
10	Unregistered staff have completed appropriate course and competency assessment	Compliant HCAs undertake 'Certificate of Competence in Principles of Children and Young People's healthcare'.
11	Number of University students should not exceed the agreed levels	The Trust has a maximum placement capacity. Students are commissioned in accordance with this. The quality of placement learning environments is audited in accordance with NMC requirements (every two years); audit includes review of student: registered nurse ratios, mentor numbers & supervision. GOSH audits are up-to-date and show compliance.
12	Patient dependency scoring tool in place	PANDA
13	Quality indicators measured and monitored for adjustments in nurse staffing levels.	Quarterly Nursing performance Reviews with Divisions. Monitoring of Quality Indicators.
14	Access to a senior children's nurse. All Matrons must have RN child.	Compliant
15	Compliance with Safeguarding guidance.	Compliant
16	Children and Young People must have care from a skilled workforce and dedicated environment that meets the needs.	Compliant

## Appendix 2: Response to the 10 Expectations to ensure safe staffing and capability

	Expectation	Evidence
<b>Accountability and responsibility</b>		
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 Review completed in 2012/13 and 2013/14. Monthly reports being developed 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.
<b>Evidence based decision-making</b>		
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.
<b>Supporting and Fostering a Professional Environment</b>		
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 commence 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.
<b>Openness and Transparency</b>		
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 1 <sup>st</sup> . Standard Operating Procedure written.
<b>Planning for Future Workforce requirements</b>		
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.
<b>Role of Commissioning</b>		
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 3: Nursing Establishment by In-Patient Ward at 1<sup>st</sup> April 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 April	Required Registered	Required Non-Registered
CCCR	Badger	13	85:15	70:30	70%	41.0	34.9	6.2
	Bear	22	85:15	70:30	70%	56.8	48.3	8.5
	Flamingo	17	90:10	60:40		132.1	118.9	13.2
	Miffy (TCU)	5	65:35	70:30	50%	21.8	14.2	7.6
	NICU	8	90:10	60:40		56.7	51.0	5.7
	PICU	13	90:10	60:40		94.9	85.4	9.5
ICI-LM	Elephant	17	85:15	70:30	70%	46.0	39.1	6.9
	Fox	10	85:15	70:30	50%	36.8	31.3	5.5
	Lion	14	85:15	70:30	70%	38.0	32.3	5.7
	Penguin	9	80:20	70:30	50%	18.6	14.9	3.7
	Robin	10	85:15	70:30	50%	32.4	27.5	4.9
IPP	Bumblebee	21	80:20	70:30	70%	42.8	34.2	8.6
	Butterfly	18	80:20	70:30	70%	46.6	37.3	9.3
M/DTS	Eagle	14	80:20	70:30	70%	50.0	40.0	10.0
	Kingfisher	16	80:20	70:30	70%	24.5	19.6	4.9
	Rainforest Gastro	8	80:20	70:30	50%	19.0	15.2	3.8
	Rainforest Endo/Met	8	80:20	70:30	50%	20.9	16.7	4.2
Neuro-sciences	Mildred Creak	10	60:40	62:38	50%	19.6	11.8	7.8
	Koala	24	85:15	70:30	70%	51.1	43.4	7.7
Surgery	Peter Pan	16	80:20	70:30	70%	29.5	23.6	5.9
	Sky	18	85:15	70:30	70%	36.2	30.8	5.4
	Squirrel	22	85:15	70:30	70%	50.6	43.0	7.6
<b>TRUST TOTAL:</b>		<b>313</b>				<b>TRUST TOTAL: 965.9</b>	<b>813.3</b>	<b>152.6</b>
1) Inpatients only (excludes Daycare and Outpatients)								
2) Supervisory time of Ward Sister: expected 100%, off-set by Practice Educator role.								