



Briefing Paper

‘Defining staffing levels for children and young people’s services - RCN Standards for clinical professionals and service managers’ Second edition, August 2013

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Together for Short Lives

Together for Short Lives is the leading UK charity for all children with life-threatening and life-limiting conditions and all those who support, love and care for them– families, professionals and services, including children’s hospices. Our work helps to ensure that children can get the best possible care, wherever and whenever they need it. When children are unlikely to reach adulthood, we aim to make a lifetime of difference to them and their families.

We work closely with the organisations and professionals that provide important lifeline services to children and families. We support, lobby, and raise funds for children’s hospices and a range of other voluntary organisations to enable them to sustain the vital work they do. We offer resources and training to help them maintain consistent, high quality care from the moment a child is diagnosed, until their eventual death, and to continue supporting families for as long as they need it.

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Introduction

This briefing provides members with a short summary of the sections of the paper – followed by a summary of the implications for Together for Short Lives and for hospice and children's palliative care services.







The recommendations within the document are those made by the RCN, not Together for Short Lives, but the guidance is commended as a useful starting point for discussions about staffing levels.

Overview

The document being reviewed is a revision of guidance first produced by the RCN in 2003. The guidance applies to all areas so it includes **NHS and the third and independent sectors**; - everywhere that children and their families access services.

Overall there is an anticipation of an **increase** in the number of children and young people attending acute settings that could be managed out of hospital if there were more Community Children's Nursing (CCN) teams

Policy and professional context

-  Requirements of the [NMC Code of Conduct \(2008\)](#) still support that staffing and skill mix are appropriate to meet the needs of patients.
-  [Kennedy report in Bristol \(2001\)](#) – said that looking after children requires staff with a children's qualification
-  This paper says **seasonal variations** no longer exist in most children's ward
-  There is an increase in expectation of educating **families to be partners** in care which impacts on nurses' time
-  There is no overall strategic plan for the development of CCN services – the report says - '**children requiring end of life care should receive 24hr community children's nursing care wherever they need it – but it is not available and children die in hospital settings rather than at home.**'
-  Learning disability (LD) nurses play a valuable role in community nursing of children

Staffing and Quality

- 🦋 Responsibility for **sufficient staffing** is one of the [16 essential standards of the Care Quality Commission](#)
- 🦋 Studies in UK and USA have found **better outcomes** with greater ratios of more qualified nurses – and **fewer drug errors, infections and complaints too**
- 🦋 The core standards suggested by the document need a **minimum of 70:30 registered to unregistered staff** in services providing health care to children and young people.
- 🦋 Services should plan to have **25% over** minimum to cover annual leave and sickness
- 🦋 Services should have a shift supervisor who is supernumerary on each shift
- 🦋 All in patient and day care areas should have a **minimum of 2 registered nurses** at all times
- 🦋 In speciality areas- **70%** of nurses should have training in that speciality.
- 🦋 Any **support workers** in the setting should have training in that area and have **competence checked** before doing any work there
- 🦋 In any services provided to children there should be **24hr access to a senior nurse (with a master's degree) at (minimum) Band 8a** and with more than 5 years uninterrupted experience
- 🦋 All staff need to have access to a named safeguarding professional 24hrs a day

Neonatal Services

- 🦋 Staffing levels need to comply with [neonatal toolkit DH \(2009\)](#) – defines 3 levels of care
- 🦋 If services contain **nursery nurses** they must have **VQ level 3 or foundation degree**
- 🦋 Dependency to be reviewed **each shift** to maximise capacity

Children's Intensive Care and High Dependency

- 🦋 Paediatric Intensive Care Society- [PICS](#) published standards (2010)
- 🦋 HDU staffing levels either **0.5:1 or 1:1 if child is in cubicle**

- 🦋 Nurses must be experienced and use an early warning tool to identify a deteriorating child

Children's Wards

- 🦋 Reductions in length of stay mean that **day and night** are not that different

Standard for staffing:

- Children under 2, **1:3** registered nurse: child day and night
- Children over 2, **1:4** registered nurse: child day and night

- 🦋 **In addition** – 1x Band 7 and 1 receptionist minimum and a play specialist – and 1x Band 6 to support the team 24hrs a day

Specialist Wards

- 🦋 Need a suitable acuity tool – if **high dependency then 1:2 – others 1:3**

Acuity tools in use:

- From April 2013 in Scotland it is **mandatory to use the [community nursing workload assessment tool](#)** to make sure the right numbers of the right staff group are working in the right place – 5 levels of care and WTE figures for each. Also SCAMPS – 7 levels of care daily workload tool measured 12 hourly
 - One in use in Wales – called [STEAM](#)
 - Neonatal one in use from 2009
 - One in use in GOSH
 - Conisbee (2002) developed one in community hospice services
 - One in use with health visitors and one in respite
- 🦋 **70%** staff trained in the specialism and a **minimum of one specially trained nurse available 24 hrs a day**
 - 🦋 **Practice educators** are required, based on numbers of students

Ambulatory Care, Outpatients and Assessment Units

- 🦋 All staff should be trained in paediatric life support, safeguarding, communication and management and recognition of the sick child

- 🦋 In a DGH, **minimum of 1** paediatric nurse with trauma experience and paediatric life support **on duty at all times**
- 🦋 Outpatients – **minimum 1** registered children's nurse at all times
- 🦋 Assessment units and Day surgery- **minimum of 2** registered nurses available 1 with paediatric life support training (and play specialists have a role)

Community Nursing

- 🦋 These are commissioned and configured in different ways around the country
- 🦋 In the **average CCN team**, the standard staffing **ratio must be 70:30 minimum**
- 🦋 **25%** of these need to be qualified in community nursing
- 🦋 RCN recommends areas with a **population of 50,000 children** – then **20 WTE CCNs are required**
- 🦋 The report says '**Workforce establishments and working patterns must be able to meet the need for 24-hour end of life care whenever and wherever required**'

Health Visiting and School Nursing

- 🦋 [Laming Report 2009](#) stipulated a **maximum caseload of 300 families** – or lower depending on complexity (RCN recommends even lower and is doing more work in this area)
- 🦋 [Unite](#) say never more than 400 and more normally 250 on caseload
- 🦋 1 qualified nurse for each high school cluster

CAMHS and Adolescent and Young Person's Units

- 🦋 Tier 3 and 4 need registered nurses – either children's nurses with mental health qualification or mental health qualified nurses with extra post-registration children's training
- 🦋 [Royal College of Psychiatrists](#) stipulates **1:3 ratio** at night for inpatients
- 🦋 Transition is an area that needs more work as some patients in transition get lost to health services

- 🦋 Suggestion is **50:50 children's qualified to adult** (but adult with knowledge of CAMHS)
- 🦋 [NICE cancer guidance](#) says young people up to 25 should be cared for in specialist units as their disease is more like cancer in children than adults.

Independent and Private Sector Provision

- 🦋 Many do not meet current standards on staffing. **Any** organisations providing care for children must ensure that this care is separate from adults and play and family facilities offered if overnight stays are part of service.

Workforce Planning and Education

- 🦋 Every hospital should have a registered children's nurse in a **visible and credible senior role** – this person should have an involvement in service development and governance. The hospital should also have a **nominated director** from the Board to oversee children's issues.
- 🦋 The paper promotes development of an agreed **internationally recognised** staffing and skill mix formula.
- 🦋 A senior nurse should be responsible for developing a **programme of education** for the workforce

Considerations for Together for Short Lives, Children's Hospices and other Children's Palliative Care Services

As well as suggesting staffing levels, the paper supports the development of each service having **Workforce plans** that are **reviewed at least annually**.

The document could be used as an **audit tool** to measure good practice with the staffing escalated up to boards as a **risk** if there is a deficit in numbers.

Together for Short Lives would welcome your comments on whether the following recommendations made within the document are appropriate for your service:

- 70% of nurses should have training in speciality areas.
- 24 hour access to a senior nurse (with a masters degree) at (minimum)
- Band 8 and with more than 5 years uninterrupted experience.
- A registered children's nurse in a visible and credible senior role
- A senior nurse responsible for developing a programme of education for the workforce.