



Royal College  
of Nursing



# Defining staffing levels for children's and young people's services

*RCN guidance for clinical  
professionals and service  
managers*



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**Fay Valentine**  
**Chair**

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The RCN Children's Leadership and Management Forum (previously known as the Paediatric Nurse Managers Forum) has produced this guidance. The forum exists to support all nurses working with children and young people in a supervisory or managerial capacity and is particularly aimed at those G grade (or equivalent) or above with continuing responsibility for care.

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## Introduction

This document follows on from the 1999 RCN publication *Skill-mix and staffing in children's wards and departments*. This provided a checklist to assist practitioners and managers when considering the staffing requirements for paediatric care areas. *Defining staffing levels* gives further information and specific guidance on staffing levels based on the outcome of a *Delphi study* undertaken by the RCN's Paediatric Nurse Managers Forum during 2002. The guidance relates to neonatal and paediatric intensive care services, as well as the *average* general children's ward.

2

## The policy and professional context of care provision

Recent policy initiatives, including nursing and workforce strategies in the four countries (DH, 1991a; DH, 2000) have important implications for the development of the nursing workforce and future skill-mix and staffing levels. Other initiatives arising from the *NHS plan* include the development of national service standards and frameworks. They indicate a more targeted and multidisciplinary team approach to planning future workforce requirements (DH, 2002b).

The focus on clinical governance, clinical risk management and continuing professional development are other factors affecting skill-mix and staffing level requirements in all clinical areas (RCN, 2001). The impact of the European Working Time Directive and the subsequent reduction in junior doctors' hours, along with the UKCC/NMC *Scope of professional practice* (UKCC, 1992) has influenced the expansion of the nursing role. It has also blurred the boundaries between different professional groups. As a result, nurse practitioner, nurse specialist and nurse consultant roles have developed to meet local service needs.

All nurses are bound by the NMC *Code of professional conduct* (NMC, 2002) to promote and protect the rights and best interests of their patients. Children and young people<sup>1</sup> are frequent users of all types of health care compared to adults (DH, 2003a). In any one year, one in 15 children/young people are admitted to hospital. The majority of admissions are unplanned, with changes in patterns of service provision and care delivery affecting staffing and skill-mix requirements.

<sup>1</sup> The term 'children and young people' in this document refers to infants (neonates), children and young people up to the age of 18 or the point at which the individual's transition to adult health care is completed.

## 3

## Nurse staffing and the quality of care

The Delphi study undertaken by the RCN Paediatric Nurse Managers Forum in 2002 found that:

- ◆ it is generally acknowledged that those children and young people admitted to hospital today are more acutely ill and require greater nursing intervention
- ◆ shorter lengths of stay, increasing throughput and bed occupancy place greater pressure on nursing resources
- ◆ nurses' roles are expanding to encompass many aspects of care and treatment undertaken by other professional groups
- ◆ the provision of education and support to parents/carers to facilitate partnership in care and/or preparation for care at home is intensifying
- ◆ marked seasonal variations no longer exist in most children's wards and departments
- ◆ there is an increase in the number of student nurses and others requiring supervision and support in clinical environments.

The children's national service framework (England) (DH, 2003a) emphasises that children and young people should receive high quality, evidence-based care that is appropriate to meet their specific needs and delivered by staff who have the right knowledge base, expertise and skills. The Bristol Royal Infirmary inquiry report (Kennedy, 2001) clarified that children and young people should always be cared for by health care professionals who hold a recognised qualification in caring for children. From a nursing perspective the specific requirements are clearly outlined in *Preparing nurses to care for children and young people* (RCN, 2003b). Reference should also be made to the RCN Paediatric Nurse Managers Forum position statements, *A modern matron role for paediatrics and Nurse consultants in children's services* (see [www.rcn.org.uk](http://www.rcn.org.uk)).

Research indicates that the quality of care is inextricably linked to the availability of care provided by registered nurses (Carr-Hill et al, 1992). A higher proportion of nursing care provided by registered nurses, and a greater number of hours of care by registered nurses per day, are associated with better patient outcomes (Needleman et al, 2002). Care by staff who have received specific training to meet the needs of the client group undoubtedly influences the quality of care received (RCN, 2003a).

Children's psychological needs differ from those of adults, and the considerable time spent by nurses teaching and supporting parents to provide care to their child needs to be taken into account in decisions related to staffing (DH, 1991b; Kennedy, 2001). A *Delphi study* by the RCN Paediatric Nurse Managers Forum 2002 supported the view that children need a greater number and ratio of registered nurses<sup>2</sup> than adult patients because of the need for closer monitoring and observation. The same study reported that the number of beds occupied/patient numbers are poor indicators of the number or skill-mix of nurses required, with any such baseline needing to be quantified by the use of a patient dependency tool.

2 The term registered nurse in the context of children's and young people's care refers to a registered children's nurse on part 8 of part 15 of the NMC register.

## 4

## Neonatal services

### Nursing establishment

The Department of Health (England) *Report of the neonatal intensive care services review group* (2003b) concludes that the nursing establishment for a neonatal unit should be based on the level of clinical care each baby requires. These have been defined as *special care*, *high dependency care* and *intensive care*, with the ratio of registered nurse to infants in each clinical category:

♦ <i>special care</i>	1:4
♦ <i>high dependency</i>	1:2
♦ <i>intensive care</i>	1:1

On a day-to-day basis, nurse staffing should reflect the needs of infants and families in the unit, rather than the pre-determined cot numbers in designated clinical categories.

In addition to the requirements for clinical nursing care, the nursing establishment should allow for a shift supervisor, who will co-ordinate the operational and clinical management of the ward alongside care delivery to a small case load.

A 25 per cent time allowance should be incorporated into the nursing establishment to allow for staff absences (sickness, annual leave and training and development) (RCN Paediatric Nurse Managers Forum, 2002).

**NB Staffing requirements for neonatal transport services should be separate from the clinical in-patient service so that care of babies is not compromised by unpredictable staffing requirements (DH, 2003b).**

### Nursing skill-mix

The skills and competencies of the nursing team should reflect the infant clinical care requirements. In neonatal intensive care environments 70 per cent of the nursing establishment should demonstrate knowledge, skill and competency attained via specialist post-registration education in neonatal nursing care.

Nurses undertaking neonatal nurse practitioner or neonatal nurse specialist roles should have completed an externally validated, knowledge, skill and competency-based education programme for this specific purpose.

**NB Nurse practitioner and nurse specialist posts should be in addition to the required nursing establishment to provide bedside nursing care in the unit/department. The fact that these roles include role expansion with responsibility for technical aspects of care or care enhancement will inevitably frequently take them away from bedside care. Although they would be expected to have a large clinical component in their role, they would also be expected to have, for example, input into education programmes, research, quality initiatives, clinical governance and risk management.**

Nursery nurses and health care assistants, who are educated to the level of S/NVQ 3 with additional specific skill and competency-based training, are able to provide support to registered nurses as part of the nursing team in special care areas. Consideration should be given to the other support worker roles that may be required to address the needs of the baby and their family. Examples include family support workers and lactation/breast feeding specialists.

The number of student nurses in any clinical environment should not exceed the number stated in the clinical placement's educational audit, which should be updated on an annual basis. This is negotiated between the clinical practice area and the link tutor from the local university. This should take into consideration the standards and guidelines established in several key educational documents (ENB & DH, 2001a; ENB & DH, 2001b; UKCC, 1999; RCN 2002).



## 5

## Designated children's intensive care and children's high dependency services

### Nursing establishment

The Department of Health (NHSE, 1997a; NHSE, 1997b) states that the nursing establishment for children's intensive care and high dependency care should be based on the level of clinical care each child/young person needs. These have been defined as *level 3*, *level 2* and *level 1*, with the following ratio of registered nurse to children/young people in each clinical category:

- ◆ *level 3*                2:1
- ◆ *level 2*                1:1
- ◆ *level 1*                1:2

*(NB Level 1 is equated to high dependency care requirements.)*

On a day-to-day basis, nurse staffing should reflect the needs of children/young people and families in the unit, rather than the pre-determined bed numbers in designated clinical categories.

In addition to the requirements for clinical nursing care the nursing establishment should allow for a shift supervisor to co-ordinate the operational and clinical management of the ward alongside care delivery to a small case load.

A 25 per cent time allowance should be incorporated into the nursing establishment to allow for staff absences (sickness, annual leave and training and development) (RCN Paediatric Nurse Managers Forum, 2002).

**NB Staffing requirements for paediatric intensive care retrieval/transport services should be separate from the clinical in-patient service so that care of children and young people is not compromised by unpredictable staffing requirements.**

### Nursing skill-mix

The skills and competencies of the nursing team should reflect the child/young person's clinical care requirements. In paediatric intensive care environments 70 per cent of the nursing establishment should demonstrate knowledge, skill and competency attained via specialist post-registration education in paediatric intensive care. In high dependency environments, at least one member of staff on each shift should be trained to Advanced Paediatric Life Support level and demonstrate knowledge, skill and competencies in high dependency care attained via specialist post-registration education (DH, 2002a). The number of staff with appropriate skills and competencies will need to be adjusted in light of the level and type of high dependency provision, and the location of the nearest paediatric intensive care facility.

Nurses undertaking paediatric intensive care (PIC), nurse practitioner or PIC nurse specialist roles should have completed an externally validated, knowledge, skill and competency-based education programme for this specific purpose.

**NB Nurse practitioner and nurse specialist posts should be in addition to the required nursing establishment to provide bedside nursing care in the unit/department. The fact that these roles include role expansion with responsibility for technical aspects of care or care enhancement will inevitably frequently take them away from bedside care. Although they would be expected to have a large clinical component in their role, they would also be expected to have, for example, input into education programmes, research, quality initiatives, clinical governance and risk management.**

## 6

## General children's wards and departments

Consideration should be made to supporting roles to address the needs of children, young people and their families, as well as student nurses. Examples include the employment of lecturer practitioners, play specialists, family support workers and interpreting services.

The number of student nurses in any clinical environment should not exceed the number indicated in the clinical placement's educational audit, which should be updated on an annual basis. This is negotiated between the clinical practice area and the link tutor from the local university. This should take into consideration the standards and guidelines established in several key educational documents (ENB & DH, 2001a; ENB & DH, 2001b; UKCC, 1999; RCN 2002).

### Nursing establishment

In 1991, the Department of Health (1991b) stated that a minimum of two registered children's nurses should be on duty 24 hours a day in all children's wards and departments. The RCN Paediatric Nurse Managers Forum 2002 *Delphi study* highlights that this minimum is now insufficient to meet the clinical care needs of children and young people on any average general children's ward. Ward nursing establishments should be based on the level of clinical care each child/young person needs as determined by a patient dependency tool (RCN, 1999). The following provides an indicative baseline ratio of registered nurses to children/young people taking into account the distinct care requirements linked to age and development:

◆ *under 2 years* 1:3

For other age ranges:

◆ *during the day* 1:4

◆ *during the night* 1:5

On a day-to-day basis, nurse staffing should reflect the needs of children/young people and families in the ward or department.

In addition to the requirements for clinical nursing care the nursing establishment should allow for a shift supervisor, who will co-ordinate the operational and clinical management of the ward alongside care delivery to a small case load.

A 25 per cent time allowance should be incorporated into the nursing establishment to allow for staff absences (sickness, annual leave and training and development) (RCN Paediatric Nurse Managers Forum, 2002).

**NB. If a children's ambulatory or assessment unit is adjacent to or part of a children's ward the nursing establishments should be distinct and separate for each area.**

## Nursing skill-mix

The acute hospital standard of the Children's National Service Framework (DH, 2003a) reinforces that children and young people should be cared for by staff who have the right knowledge base, expertise and skills to meet their needs. All nurses who provide care to children and young people should therefore have a specific qualification in the nursing care of children and young people (RCN, 2003b).

Each children's ward/department<sup>3</sup> nursing establishment should encompass a minimum of 1 WTE G grade (or equivalent) post to provide overall leadership, supported by a minimum of 2 WTE F grade (or equivalent) (RCN Paediatric Nurse Managers Forum, 2002).

Health care assistants educated to the level of S/NVQ 3 with additional specific skill and competency-based training are able to provide support to registered nurses as part of the nursing team.

The ratio of qualified to unqualified staff in children's areas will depend on the clinical care requirements of the children and young people but in most general children's wards will be well above the absolute minimum of 70 per cent qualified: 30 per cent unqualified.

Nurses undertaking paediatric nurse practitioner or paediatric nurse specialist roles should have completed an externally validated, knowledge, skill and competency based education programme for this specific purpose (RCN, 2000).

**NB. Nurse practitioner and nurse specialist posts should be in addition to the required nursing establishment to provide bedside nursing care within the unit/department. The fact that these roles include role expansion with responsibility for technical aspects of care or care enhancement will inevitably frequently take them away from bedside care whilst undertaking, for example, nurse-led clinics, home visits or cross-boundary working. Although they would be expected to have a large clinical component within their role they would also be expected to have, for example, input into education programmes, research, quality initiatives, clinical governance and risk management.**

Consideration should be made to supporting roles to address the needs of children, young people and their families, as well as student nurses. Examples include the employment of lecturer practitioners, play specialists, family support workers and interpreting services.

The number of student nurses within any clinical environment should not exceed the number cited within the clinical placement's educational audit, which should be updated on an annual basis. This is negotiated between the clinical practice area and their link tutor from the local university. This should take into consideration standards and guidelines established in several key educational documents (ENB & DH, 2001a; ENB & DH, 2001b; UKCC, 1999; RCN 2002).

<sup>3</sup> The figures stated relate to a ward/department functioning on a 24 hour/7 day basis



## 7

## Specialist children's wards and departments

### Nursing establishment

The nursing establishment within specialist areas should reflect the child's/young person's clinical care needs, the type and number of clinical interventions and the parent/families need for support. For example in children's oncology units, 1/3rd of the patients can be classed as requiring *high dependency care*, with the remaining patients requiring a ratio of 1:3 (UK Children's Cancer Study Group, 1997a & 1997b; RCP, 1996).

On a day-to-day basis, nurse staffing should reflect the needs of children/young people and families within the ward or department.

In addition to the requirements for clinical nursing care the nursing establishment should allow for a shift supervisor, who will co-ordinate the operational and clinical management of the ward alongside care delivery to a small case load.

A 25 per cent time allowance should be incorporated into the nursing establishment to allow for staff absences (sickness, annual leave and training and development) (RCN Paediatric Nurse Managers Forum, 2002).

### Nursing skill-mix

The skills and competencies of the nursing team should reflect the child/young person's clinical care requirements. For example, in children's oncology 70 per cent of the nursing establishment should demonstrate knowledge, skill and competency attained via specialist post-registration education in paediatric oncology.

Nurses undertaking paediatric nurse practitioner or paediatric nurse specialist roles should have completed an externally validated, knowledge, skill and competency-based education programme for this specific purpose.

**NB. Nurse practitioner and nurse specialist posts should be in addition to the required nursing establishment to provide bedside nursing care within the unit/department. The fact that these roles include role expansion with responsibility for technical aspects of care or care enhancement will inevitably frequently take them away from bedside care whilst undertaking, for example, nurse-led clinics, home visits or cross-boundary working. Although they would be expected to have a large clinical component within their role they would also be expected to have, for example, input into education programmes, research, quality initiatives, clinical governance and risk management.**

Consideration should be made to supporting roles to address the needs of children, young people and their families, as well as student nurses. Examples include the employment of lecturer practitioners, play specialists, family support workers and interpreting services.

The number of student nurses within any clinical environment should not exceed the number cited within the clinical placement's educational audit, which should be updated on an annual basis. This is negotiated between the clinical practice area and their link tutor from the local university. This should take into consideration standards and guidelines established in several key educational documents (ENB & DH, 2001a; ENB & DH, 2001b; UKCC, 1999; RCN 2002).

## 8

## Time to review?

‘The 1991 standards for the numbers of *paediatrically* qualified nurses required at any one time should serve as the minimum standard’ (Kennedy, 2001). The BRI inquiry report has called for an urgent review of these minimum levels in light of changing patterns of care provision for children and young people across hospital settings. However, although minimum levels can be set at a national level it is critical that their applicability to local settings is substantiated in light of regular patient dependency studies (RCN, 1999; Smith & Valentine, 1999). Factors indicating that a review of nurse staffing should be undertaken include:

- ◆ an increase in the number of complaints and critical incidents, including drug errors
- ◆ an increase in the rate of hospital-acquired infections
- ◆ falling standards of care and non-adherence to protocols and policies
- ◆ an increase in staff turnover
- ◆ poor evaluation of placement areas from students
- ◆ low staff morale
- ◆ failure to meet statutory training and education of staff
- ◆ a lack of staff time available to enhance or develop practice
- ◆ change in model of care delivery
- ◆ change in bed occupancy /dependency levels
- ◆ change in local/ national standards

**The RCN fully supports members in appropriately raising concerns in relation to the care of children and young people, and the protection of their rights as individuals. RCN members can seek specific advice if required by contacting RCN Direct on 0845 772 6100 or by contacting their local RCN Office (contact numbers can be found in the RCN *Members’ guide to services and benefits*).**

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