

Trust Board July 22nd 2015	
Safe Nurse Staffing Report Submitted by: Juliette Greenwood Chief Nurse	Paper No
Aims / summary This paper provides the required assurance that GOSH has safe nurse staffing levels across all in- patient ward areas and appropriate systems in place to manage the demand for nursing staff. In order to provide greater transparency the report also includes appropriate nurse quality measures and details of ward safe staffing reports. The paper includes a brief summary of nursing vacancies and nurse recruitment.	
Action required from the meeting The Board is asked to note: <ul style="list-style-type: none"> • The content of the report and be assured that appropriate information is being provided to meet the national and local requirements. • The information on safe staffing and the impact on quality of care. • To note the key challenges around recruitment and the actions being taken. 	
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. <i>Compliance with <i>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</i> (NHS England, Nov 2013) and the <i>'Hard Truths Commitments Regarding the Publishing of Staffing Data'</i> issued by the Care Quality Commission in March 2014.</i>	
Financial implications Already incorporated into 15/16 Division budgets	
Who needs to be told about any decision? Divisional Management Teams Finance Department	
Who is responsible for implementing the proposals / project and anticipated timescales? Chief Nurse; Assistant Chief Nurse, Heads of Nursing	
Who is accountable for the implementation of the proposal / project? Chief Nurse; Divisional Management Teams	

GOSH NURSE SAFE STAFFING REPORT

June 2015

1. Introduction

- 1.1 This report on GOSH Safe Nurse Staffing contains information from the month of June 2015. The report provides information on staff in post, safe staffing incidents, nurse vacancies and includes quality measures which are reported by exception.

2. Context and Background

- 2.1 The expectation is the Board 'take full responsibility for the care provided to patients and, as a key determinant of quality, take full and collective responsibility for nursing care capacity and capability'.
- 2.2 Monthly nurse staffing updates are submitted to NHS England and the Trust Board with the following information:
1. The number of staff on duty the previous month compared to planned staffing levels.
 2. The reasons for any gaps, highlighting those wards where this is a consistent feature and impacts on the quality of care, to include actions being taken to address issues.
 3. The impact on key quality and safety measures.

3. GOSH Ward Nurse Staffing Information for Trust Board

3.1 Safe Staffing

- 3.1.1 The UNIFY Fill Rate Indicator for June is attached as Appendix 1. The spread sheet contains:

- Total monthly planned staff hours; the Heads of Nursing provide this figure based on the agreed average safe staffing level for each of their wards. These figures are fixed i.e. do not alter month on month. Bed closure information is used to adjust the planned staffing levels. A short term change in acuity and dependency requiring more or fewer staff is not reflected in planned hours but in the actual hours.
- Total monthly actual staff hours worked; this information is taken from the electronic rostering system (RosterPro), and includes supervisory roles, staff working additional hours, CNS shifts, extra staff booked to cope with changes in patient dependency and acuity from the Nurse Bank. This may both exceed or be below 100% to meet the changing occupancy and activity levels as well as the patient dependency and acuity.
- Average fill rate of planned shifts. It must be noted that the presentation of data in this way is open to misinterpretation as the non-registered pool is small in comparison to the registered pool, therefore one HCA vacancy or extra shifts worked will have a disproportionate effect on the % level.

- 3.1.2 Commentary:

- Heads of Nursing are asked to comment on percentage scores of less than 90% or greater than 110%, and declare any unsafe staffing situations that have occurred during the month in question including actions taken at the time to rectify and make the situation safe.
- The overall Trust fill rate % for June is:

RN Day	RN Night	HCA Day	HCA Night	Total Fill Rate
108.7%	95.5%	96.6%	78%	100.7%

ICI – No unsafe shifts reported in June

Fox Ward report high 10 vacancies, staff have been moved within division to cover Fox Ward. 7

vacancies have been filled and staff are in the recruit phase. In tandem there has been a reduction in activity as a number of patient treatments have been delayed due to their clinical condition, this has resulted in some shifts with lower dependency and acuity, and consequently reduced staffing requirements.

Penguin Ward, HCA requirement on night reduced due to patient numbers. The high percentage of HCAs on day relates to nurses awaiting registration (working rostered shifts on HCA grades).

ICI report a high level of short notice sickness, to manage this scenario staff are moved across wards to meet the needs of the care requirements of patients on a shift by shift basis.

Surgery No unsafe shifts reported in June

Squirrel and Sky report an increased staffing requirement for patients requiring High Dependency care.

CCCR – No unsafe shifts reported in June

Miffy – increase in registered nurse hours on days is due to on-going training of staff. Low HCA hours are due to delay in employment of new staff.

Badger report having increased numbers of Ward Intensive Care patients requiring 1:1 care. Two funded extra beds remain closed on Badger Ward whilst staff are recruited. HCA numbers have increased and are being trained for their new posts hence the high numbers on days.

Flamingo planned staffing for 17 beds, up to 3 additional beds (total 20) are opened when staff available through the Nurse Bank. Three beds have been used for ECMO cases requiring 2:1 care. In addition two Berlin hearts were placed requiring initial 2:1 care. High HCA numbers account for Nurses awaiting NMC registration. Four datix reports were received regarding staffing levels see 5.6. below.

NICU report 100% occupancy and opening extra beds when required which accounts for the extra staff.

MDTS - No unsafe shifts reported in June

Eagle Ward report that the low percentages are due to 6 staff are on long term absence, reasons are sickness and maternity leave. Rainforest Endocrine/Metabolic has a vacant HCA position, and has had an increase in PICU transfers requiring addition registered nurse hours. Rainforest Gastro has closed two beds due to long term sickness and vacancies. Kingfisher has had several patients requiring 1:1 registered nurse care whilst undergoing tests impacting on actual registered nurse hours.

Neurosciences - No unsafe shifts reported in June

Koala has report closing up to 4 beds during early June due to high patient acuity. The ward has been fully opened since 10th June.

Higher number of HCA hours on day shifts is due to staff training, once competent, staff will move to nights to equalise numbers.

Mildred Creak Unit – for safety reasons the number of inpatient beds has been reduced to 7 beds overnight, hence the reduction in planned staff on night shift.

IPP - No unsafe shifts reported in June

Bumblebee and Butterfly report an increase in complex patients on day shifts requiring high dependency care, often when nursed in a cubicle they require 1:1 care. A number of patients on overnight leave hence reduced night hours. Staff worked flexibly across the wards as needed.

3.1.4 The Clinical Site Practitioners (CSPs) report that no wards were declared unsafe during June, however there were 7 occasions in June where CSPs moved staff between wards for

part or a whole shift to maintain safe care. A further 11 occasions are noted where wards reported a shift being short of staff, however patient safety was not compromised.

3.2 General Staffing Information

- 3.2.1 Appendix 2 – Ward Nurse Staffing overview for June. The table provides information on staff in post, vacancies and staff in the recruitment pipeline and includes bed closure information.
- 3.2.2 16 out of 23 inpatient wards closed beds at various points during June. An average of 13 beds were closed each day. Reasons for closure include - four beds were closed in IPP for works, additional beds were 'closed' (reserved) in IPP for following day admissions. Squirrel ward had up to 13 beds closed for the latter part of the month due to an outbreak of Noravirus. Badger Ward continues to have 2 beds closed whilst staff are recruited and trained. Rainforest Gastro has a number of nurses on maternity leave, this has resulted in 2 closed beds whilst these vacancies are filled. Other reasons for closures cited are infectious cleans, awaiting swab results and beds in bays closed as a result of an infectious patient being nurses in that area. There were a small number closed at times due to acute staff sickness and fluctuations in dependency and acuity.
- 3.2.3 For the inpatient wards, registered and non-registered vacancies for June total 121 Whole Time Equivalents (WTE) up from 109 in May. This breaks down to 92 (83 in May) registered nurse (RN) vacancies (11% of RN total). HCA vacancies number 28 (18% of HCA total) 26 vacancies were reported in May. Temporary nurses, mainly from GOSH Nurse Bank, employed on wards totalled 93 WTE, the June position was therefore 28 WTE vacant posts.
- 3.2.4 On the 1st July the number new starters progressing through pre-employment checks totalled 87 registered nurses and 1 HCA. There were still a number of job offers pending. The majority of the registered recruits will be newly qualified and will not commence in post until September 2015. The majority of HCA vacancies (15) are within the ICU areas, recruitment has been on hold pending further work on the education pathway due for completion in July. We continue to recruit HCAs to the wards to achieve the target, however high numbers fail to attend the assessment centre or do not meet the requirements of the assessment centre, to compensate we have increased the numbers of candidates invited for the July assessment centre.
- 3.2.5 The Trust sent representatives to the Birmingham Royal College of Nursing jobs Fair in July.
- 3.2.6 As a Trust we continue to sustain recruitment against a backdrop of well publicised national nurse shortages.
- 3.2.7 The 6 monthly nurse establishment reviews were completed in June 2015, The Board of Directors will receive the report in July.

4 Key Challenges

- Recruitment of HCAs in the Critical Care areas.
- Recruitment of Band 6 Nurses.
- Retention of Band 5 and 6 Nurses.

5. Key Quality and Safety Measures and Information

5.1 Hard Truths Commitments Regarding the Publishing of Staffing Data (Care Quality Commission, March 2014) states 'data alone cannot assure anyone that safe care is being delivered. However research demonstrates that staffing levels are linked to the safety of care and that fewer staff increases the risks of patient safety incidents occurring.' In order to assure the Board of safe staffing on wards the following nursing quality and patient experience information has been collated to demonstrate that the wards were safe during June 2015.

5.2 The following quality measures provide a base line report for the Board. A number are Key Performance Indicators (KPIs) that are regularly monitored, any poor results are reviewed, challenged and investigated through the Nursing quarterly performance reviews led by the Chief Nurse with each Divisional Nursing team.

5.3 **Infection control**

C Difficile	0	
MRSA Bacteraemias	0	
MSSA Bacteraemias	0	
E Coli Bacteraemia	3	
D & V and other outbreaks	1	Squirrel Ward (noravirus & rota virus) closed to admissions 26.6.15 – 3.7.15
Carbopenamase resistance	1	

5.3.1 All incidents are investigated via a root cause analysis and additional support put in place by the Infection Prevention and Control team. In addition, those areas that experienced small outbreaks of infection are subject to comprehensive chlorine clean.

5.4 **Pressure ulcers**

	Number	Ward
Grade 3	0	
Grade 2	1	PICU (avoidable)

5.5 **Deteriorating patient**

5.5.1 For the month of June, 14 patient related emergency calls were received of which 3 were cardiac arrests (2 on Bear Ward and 1 on Rainforest), there was 7 respiratory arrests (2 on Squirrel Ward, 2 on Badger Ward, 1 on Butterfly, Peter Pan and Lion Wards). In addition 15 patients had unplanned admissions to Intensive Care. Overall these are some of the highest monthly numbers reported recently.

5.6 **Numbers of safety incidents reported about inadequate nurse staffing levels**

- 4 incidents were raised from Flamingo ward (CICU) due to a range of issues related to volume and dependency of patients, and staff sickness. 2 of these involved young infants on ECMO who require 2 nurses but only one nurse was available for each patient. In all cases staff had been moved from other wards or duties to ensure the ward was safe, however staff report delays in delivering care.
- 1 incident reported on Squirrel ward due to short notice sick leave before and during the shift linked to the infection outbreak. A Health Care Assistant was moved from another ward to assist.

- 1 incident reported on Butterfly due to team work and communication with colleagues on Bumblebee ward during a respiratory arrest. Staff felt unsupported and in need of an additional nurse to care for other patients whilst supporting the arrest team with the sick patient.

5.7 Pals concerns raised by families regarding nurse staffing

- Pals referrals were received relating to Puffin ward from parents of patients who had been cancelled because there was no bed available for their child to have their surgery.
- 1 referral from a family on Koala ward about a range of issues relating to the medical and nursing team including staffing issues on the ward.

5.8 Complaints re nurse safe staffing -

There was one complaint regarding delays in nursing staff providing care and treatment in the International and private patient unit. Initial investigations suggest that this relates in part to reduced nursing capacity due to staff sickness and other issues.

5.9 All issues noted in 5.6, 5.7 and 5.8 are under investigation by the respective Head of Nursing.

5.9 Friends and family test (FFT) data

- Response rate for June was 32.27% (May 21.76%), the overall target has increased from 25% to 40% by the end of Quarter 2 and up to 60% by the end of Quarter 4.
- The FFT score was 82 for May and June.
- The overall percentage to recommend score is 99%.
- 240 (81.6%) of families were extremely likely to recommend their friends and family compared to 246 (82.7%) in May, with 51 (17.3%) likely to recommend, 42 (14.1%) in May.
- 3 Families provided information praising staff on Puffin, Respiratory Sleep Unit and Sky Wards. 1 negative response was received relating to communication and predicted patient outcomes on PICU.

6. Conclusion

6.1 This paper seeks to provide the Board of Directors with the required overview and assurance that all wards were safely staffed against the Trust's determined safe staffing levels during June, and appropriate actions were taken when concerns were raised. All Trusts are required to ensure the validity of data by triangulating information from different sources prior to providing assurance reports to their Board of Directors, this has been key to compiling the report.

7. Recommendations - The Board of Directors are asked to note:

- 7.1 The content of the report and be assured that appropriate information is being provided to meet the national and local requirements.
- 7.2 The information on safe staffing and the impact on quality of care.
- 7.3 The bi annual establishment review process was completed in June 2015, the Board will receive the outcome report in July 2015.
- 7.4 The success of recent advertising and recruitment.

Appendix 1: UNIFY Safe Staffing Submission – June 2015

Fill rate indicator return Staffing: Nursing, midwifery and care staff

Org: RP4 Great Ormond Street Hospital For Children NHS Foundation Trust

Period: June_2015-16

Please provide the URL to the page on your trust website where your staffing information is available

(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

Comments

Hospital Site Details		Ward name	Main 2 Specialities on each ward		Day				Night				Day		Night			
			Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name	Speciality 1	Speciality 2	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
							Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours				
RP401	Great Ormond Street Hospital Central London Site	Badger Ward	340 - RESPIRATORY MEDICINE	321 - PAEDIATRIC CARDIOLOGY	2009	2356.15	288	372.7	1790	2008.9	298	272.1	117.3%	125.1%	112.2%	91.3%		
RP401	Great Ormond Street Hospital Central London Site	Bear Ward	170 - CARDIOTHORACIC SURGERY		2665	3046.4	577	608.55	2665	2565	333	417.4	114.3%	105.5%	96.2%	125.3%		
RP401	Great Ormond Street Hospital Central London Site	Flamingo Ward	192 - CRITICAL CARE MEDICINE		5413	6593.45	344	379.5	5161	6067.18	206	270.7	121.8%	110.3%	117.6%	131.4%		
RP401	Great Ormond Street Hospital Central London Site	Miffy Ward (TCU)	340 - RESPIRATORY MEDICINE		686	946.6	1030	649.75	686	700.65	686	492.45	138.0%	63.1%	102.1%	71.8%		
RP401	Great Ormond Street Hospital Central London Site	Neonatal Intensive Care Unit	192 - CRITICAL CARE MEDICINE		2720	3452.1	0	184	2380	2829.5	0	129.6	126.9%	-	118.9%	-		
RP401	Great Ormond Street Hospital Central London Site	Paediatric Intensive Care Unit	192 - CRITICAL CARE MEDICINE		5865	6447.15	345	276	5865	5476.2	345	248.4	109.9%	80.0%	93.4%	72.0%		
RP401	Great Ormond Street Hospital Central London Site	Elephant Ward	370 - MEDICAL ONCOLOGY	823 - HAEMATOLOGY	1630	1770.6	344	322	1377	1036.8	344	324	108.6%	93.6%	75.3%	94.2%		
RP401	Great Ormond Street Hospital Central London Site	Fox Ward	303 - CLINICAL HAEMATOLOGY	313 - CLINICAL IMMUNOLOGY and ALLERGY	2090	1420	310	333.5	1738	1237.2	310	270.7	67.9%	107.6%	71.2%	87.3%		
RP401	Great Ormond Street Hospital Central London Site	Giraffe Ward	313 - CLINICAL IMMUNOLOGY and ALLERGY	350 - INFECTIOUS DISEASES	1028	1255.8	342	264.5	1028	796.8	342	231.7	122.2%	77.3%	77.5%	67.7%		
RP401	Great Ormond Street Hospital Central London Site	Lion Ward	370 - MEDICAL ONCOLOGY	303 - CLINICAL HAEMATOLOGY	1616	1633.05	341	368	1365	1231.6	341	267.6	101.1%	107.9%	90.2%	78.5%		
RP401	Great Ormond Street Hospital Central London Site	Penguin Ward	330 - DERMATOLOGY	410 - RHEUMATOLOGY	940	1191	344	671.1	688	682.9	344	75.6	126.7%	195.1%	99.3%	22.0%		
RP401	Great Ormond Street Hospital Central London Site	Robin Ward	350 - INFECTIOUS DISEASES	313 - CLINICAL IMMUNOLOGY and ALLERGY	1901	1495	331	176.75	1658	1132.65	331	275.75	78.6%	53.4%	68.3%	83.3%		
RP401	Great Ormond Street Hospital Central London Site	Bumblebee Ward	171 - PAEDIATRIC SURGERY	420 - PAEDIATRICS	2281	2564.05	325	584.75	1955	1958.65	651	454	112.4%	179.9%	100.2%	69.7%		
RP401	Great Ormond Street Hospital Central London Site	Butterfly Ward	370 - MEDICAL ONCOLOGY	420 - PAEDIATRICS	2449	2346.5	306	468	1837	1307.2	306	276.55	95.8%	152.9%	71.2%	90.4%		
RP401	Great Ormond Street Hospital Central London Site	Eagle Ward	361 - NEPHROLOGY		2212	1946.95	684	345	1368	1278.6	342	185.7	88.0%	50.4%	93.5%	54.3%		
RP401	Great Ormond Street Hospital Central London Site	Kingfisher Ward	420 - PAEDIATRICS		1748	1868.4	897	718.75	331	444.2	0	10.8	106.9%	80.1%	134.2%	-		
RP401	Great Ormond Street Hospital Central London Site	Rainforest Ward (Gastro)	301 - GASTROENTEROLOGY		712	897.2	521	345	521	592.95	521	231	126.0%	66.2%	113.8%	44.3%		
RP401	Great Ormond Street Hospital Central London Site	Rainforest Ward (Endo/Met)	302 - ENDOCRINOLOGY		1008	1349.6	672	241.5	1008	907.2	336	331	133.9%	35.9%	90.0%	98.5%		
RP401	Great Ormond Street Hospital Central London Site	Mildred Creak	711- CHILD and ADOLESCENT PSYCHIATRY		1087	1312.7	606	476.05	494	410.4	448	336.2	120.8%	78.6%	83.1%	75.0%		
RP401	Great Ormond Street Hospital Central London Site	Koala Ward	150 - NEUROSURGERY	421 - PAEDIATRIC NEUROLOGY	3126	3320.52	330	572.15	3038	2998.25	330	156.8	106.2%	173.4%	98.7%	47.5%		
RP401	Great Ormond Street Hospital Central London Site	Peter Pan Ward	120 - ENT	160 - PLASTIC SURGERY	1512	1466.25	586	414	1422	1375.1	0	56.8	97.0%	70.6%	96.7%	-		
RP401	Great Ormond Street Hospital Central London Site	Sky Ward	110 - TRAUMA & ORTHOPAEDICS	171 - PAEDIATRIC SURGERY	1903	1861	663	766	1858	1696	0		97.8%	115.5%	91.3%	-		
RP401	Great Ormond Street Hospital Central London Site	Squirrel Ward	171 - PAEDIATRIC SURGERY	101 - UROLOGY	2715	3053.76	641	807.5	2437	2489.9	0		112.5%	126.0%	102.2%	-		

Validation alerts (see control panel)

Appendix 2: Overview of Ward Nurse Staffing – June 2015

Division	Ward	Registered Nursing staff				Non Registered				Recruitment Pipeline						
		Established Bed Numbers	Proposed Funded Establishment	Staff in Post	Vacancies	Proposed Funded establishment	Staff in Post	Vacancies	Total Establishment	Total Vacancies	Bank Used	Net Vacant	Registered Starters	Non-registered Starters	Number of unsafe shifts	Average Bed Closures
CCCR	Badger	15	39.5	34.4	5.1	7.5	4.9	2.6	47.0	7.7	3.7	4.1	4.0		0	2.0
	Bear	22	47.8	40.2	7.6	9.0	8.0	1.0	56.8	8.6	6.0	2.6	8.6	1	0	0.8
	Flamingo	17	121.0	98.5	22.5	10.8	4.0	6.8	131.8	29.3	16.0	13.3	8.0		0	0.1
	Miffy (TCU)	5	14.1	10.1	4.0	7.8	6.0	1.8	21.9	5.8	4.5	1.3	1.0		0	0.0
	NICU	8	51.5	40.4	11.1	5.2	1.0	4.2	56.7	15.3	10.1	5.2	5.0		0	0.1
	PICU	13	83.0	91.8	-8.8	8.9	5.0	3.9	91.9	-4.9	8.8	-13.7	10.0		0	0.0
ICI-IM	Elephant	13	25.0	24.7	0.3	5.0	5.1	-0.1	30.0	0.2	4.4	-4.2	2.0		0	0.0
	Fox	10	31.0	21.9	9.1	5.0	4.9	0.1	36.0	9.2	2.8	6.4	7.0		0	1.0
	Giraffe	7	19.0	18.1	0.9	3.1	3.5	-0.4	22.1	0.5	1.6	-1.1	2.0		0	0.0
	Lion	11	22.0	22.8	-0.8	4.0	3.5	0.5	26.0	-0.3	2.5	-2.8	1.0		0	0.1
	Penguin	9	15.5	15.3	0.2	5.8	6.0	-0.2	21.3	0.0	1.8	-1.8	0.0		0	0.0
	Robin	10	27.2	23.7	3.5	4.5	4.4	0.1	31.7	3.6	2.1	1.5	3.0		0	0.4
IPP	Bumblebee	21	38.3	34.8	3.5	9.7	8.6	1.1	48.0	4.6	4.5	0.1	6.0		0	1.2
	Butterfly	18	37.2	28.4	8.8	10.5	11.0	-0.5	47.7	8.3	2.9	5.4	2.0		0	2.0
MDTS	Eagle	21	39.5	34.9	4.6	10.5	10.0	0.5	50.0	5.1	1.6	3.5	5.0		0	0.1
	Kingfisher	16	17.1	17.2	-0.1	6.2	5.0	1.2	23.3	1.1	0.4	0.7	0.0		0	0.0
	Rainforest Gastro	8	17.0	11.0	6.0	4.0	4.5	-0.5	21.0	5.5	2.9	2.6	4.0		0	2.0
	Rainforest Endo/Met	8	15.6	16.4	-0.8	5.2	4.5	0.7	20.8	-0.1	1.1	-1.2	0.0		0	0.2
Neuro-sciences	Mildred Creak	10	11.8	14.2	-2.4	7.8	6.3	1.5	19.6	-0.9	0.4	-1.3	0.0		0	0.0
	Koala	24	48.2	44.2	4.0	7.8	5.0	2.8	56.0	6.8	6.8	0.0	9.0		0	1.0
Surgery	Peter Pan	16	24.5	23.3	1.2	5.0	5.0	0.0	29.5	1.2	2.1	-0.9	2.0		0	0.3
	Sky	18	31.0	24.0	7.0	5.2	5.0	0.2	36.2	7.2	2.2	5.0	3.0		0	0.7
	Squirrel	22	43.6	37.4	6.2	7.0	6.0	1.0	50.6	7.2	3.8	3.4	4.0		0	1.6
TRUST TOTAL:		322	820.4	727.7	92.7	155.5	127.2	28.3	975.9	121.0	93.0	28.0	86.6	1.0	0.0	13.6

