

	Board ury 2015
Safe Staffing Report	Paper No
Submitted by: Liz Morgan Chief Nurse and Families Champion	
Action required from the meeting The Board is asked to note:	
 The content of the report and be as provided to meet the national and le 	ssured that appropriate information is being ocal requirements.
The information on safe staffing an	d the impact on quality of care.
To note the key challenges around	recruitment and the actions being taken.
Contribution to the delivery of NHS Fou Safe levels of nurse staffing are essential to perience.	— · · · · · · · · · · · · · · · · · · ·
Compliance with How to ensure the right p place at the right time – A guide to nursing ity' (NHS England, Nov 2013) and the 'Har Publishing of Staffing Data' issued by the C	n, midwifery and care staffing and capabil- rd Truths Commitments Regarding the
Financial implications Already incorporated into 14/15 Division bu	udgets
Who needs to be told about any decision Division Management Teams Finance Department	n?
Who is responsible for implementing th	e proposals / project and anticipated
timescales? Chief Nurse; Assistant Chief Nurse – Work	cforce; Heads of Nursing
Who is accountable for the implementar Chief Nurse; Division Management Teams	

GOSH NURSE SAFE STAFFING REPORT

January 2015

1. Introduction

1.1 This report on GOSH Safe Nurse Staffing contains information from the month of January 2015. The report follows the same format as previous submissions providing information on staff in post, safe staffing incidents, nurse vacancies, quality measures 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 January is attached as Appendix 1. The spread sheet contains:
 - Total monthly planned staff hours, the Heads of Nursing provide this figure based on an 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.
 - Total monthly actual staff hours worked, this information is taken from 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 exceed 100% to meet the demands of increased 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 action taken to make the situation safe.
- During the early part of January some wards/beds were closed for a period due to reduction in clinical activity.

ICI - No unsafe shifts reported in January

Fox Ward had beds closed periodically due to maintenance work, accounting for the reduction in planned staff.

Giraffe have recruited new HCAs commencing in March 2015.

Wards have experienced peaks and troughs in patient acuity and dependency, staff have been moved across wards to meet the needs of the patient population.

Penguin ward planned bed closures over New Year holiday period, staff redeployed across the division.

Surgery No unsafe shifts reported in January

Sky Ward - Increase in patient acuity requiring a number of 1:1 specials. HCA used for 1:1 specialing duties, increasing planned hours of 173 to an actual of 701 hours which is represented as 405% fill rate. This equates to 46 shifts extra booked. This is an example of the disproportionate effect mentioned earlier.

Peter Pan bed closures were mainly due to post New Year planned closures.

CCCR – No unsafe shifts reported in January

Badger - Continued high patient dependency and acuity, up to 8 HDU patients (establishment for 4). When isolated in cubicles HDU patients often require 1:1 care and are classed as Ward Intensive Care. HCA staff recruited. Two extra beds now funded (but are reported as closed).

A number of Miffy ward patients have increased dependency and nursing needs hence the increase in hours.

Flamingo (CICU) staffed for 17 beds when staff available to work Bank shifts 1 - 2 further beds opened.

NICU and PICU - Continue to flex above their funded beds to facilitate an increase in demand. Staff working flexibly across the ITU's to manage the winter pressures.

Bear has several Band 4 vacancies, which would account for the lower non registered numbers in this area.

The Division has a high number of new starters both registered and non registered, recruitment of HCAs will recommence in March to fill the outstanding vacancies.

MDTS - No unsafe shifts reported in January

Staff moved within the division to areas of greatest clinical need and used Bank HCA's where appropriate.

HCA's recruited for Eagle, Kingfisher and Rainforest wards now on induction and orientation. The variation on Kingfisher is due to a HCA vacancy which is in the HCA cohort recruitment pipeline.

Registered Nurse establishment increased by 2 WTE on Rainforest Gastro to increase ward night nursing numbers. New starters account for the increase in registered nurses these at this stage are supernumerary on day shift.

Neurosciences - No unsafe shifts reported in January

Koala - Increased registered nurse requirement due patient dependency and acuity and an increase in elective neurosurgery, several of these patients required 1:1 nursing. HCAs will commence working night shifts following outcome of staff consultation.

Mildred Creak Unit - Levels of staff adjusted due clinical requirement and manage patient at risk of self-harming. Reduction in Registered at night due to less interventions required at night, increase in specialing by HCAs.

IPP - No unsafe shifts reported in January

Bumblebee - Increased HCA numbers to meet acuity and dependency of patients e.g. 1:1 care of tracheostomy.

Butterfly – decrease in patient numbers, no BMT undertaken in this period, staffing levels adjusted to accommodate these changes.

3.1.3 The Clinical Site Practitioners (CSPs) report that no wards were declared unsafe during this period, however there were 3 occasions in January where staff were moved between wards for part or a whole shift to maintain safe care. A further 3 occasions are noted where 3 wards reported being short of staff but safety was not compromised.

3.2 General Staffing Information

- 3.2.1 Appendix 2 Ward Nurse Staffing overview for January. The table provides information on staff in post, vacancies and staff in the recruitment pipeline and includes bed closure information. 14 out of 23 inpatient wards closed beds at various points during January. An average of 9 beds were closed each day in January, 4 of which were planned closures, 1 bed for planned maintenance. On average 3 beds were closed for acute staffing problems, 2 new Beds on Badger Ward remain closed for on-going recruitment. A new bed closure form detailing reasons for closure is currently being piloted.
- 3.2.2 For the inpatient wards, registered and non-registered vacancies for January have increased to 124 (12%) Whole Time Equivalents (WTE), 86 registered (10% of RN total) and 37 non registered staff (23% of HCA total). The increase in vacancies is in keeping with seasonal trends. Temporary nurses, mainly from GOSH Nurse Bank, employed on wards totalled 88 WTE the net vacancy rate was therefore 41 WTE for January. Several new posts have been created on Badger Ward, IPP wards, and Rainforest to manage growth and increase resilience on these wards, this has impacted on the vacancy rate.
- 3.2.3 New starters progressing through pre-employment checks for January total 47 registered nurses and 13 non registered staff, totalling 60 WTE. The majority of the registered starters are newly qualified and will commence employment in early April 2015.
- 3.2.4 For the period June 2014 to January 2015 161 WTE have been recruited, 132 Registered Nurses and 29 HCAs. Turnover for registered nurses is currently 17%, the pace of recruitment is ahead of turnover.
- 3.2.5 We are planning recruitment activity for the forthcoming year which includes attending a number of job fairs
- 3.2.6 The majority of HCA vacancies (21) are within CCCR, working with CCCR staff we will focus the next round of HCA recruitment on this Division.

4 Key Challenges

- Recruitment of HCAs in CCCR.
- Recruitment of Band 6 Nurses.

5. Key Quality and Safety Measures and Information

5.1 Hard Truths (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 January 2015.

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

5.3 Infection control

C Difficile	0	
MRSA Bacteraemias	0	
MSSA Bacteraemias	5	1 within 48hours of admission
E Coli Bacteraemia	2	
D & V and other outbreaks	1	Beds closed for a short period on L6VCB to new admissions
Carbopenamase resistance	2	2 HAI as part of L6VCB outbreak

5.3.1 All incidents are investigated via a route 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	2	1 – PICU 1 - NICU

5.4.1 The Trust has achieved a 52% reduction in pressure ulcers in the last 2 years, statistically this is significant, reducing our mean pressure ulcers from 0.8 per 1000 bed days to 0.39 per 1000 bed days. There has not been a grade 3 pressure ulcer since February 2014.

5.5 **Deteriorating patient**

5.5.1 For the month of January (excluding the Intensive Care areas) 8 patient related emergency calls were received, 2 of these were cardiac arrests.

5.6 Numbers of safety incidents reported about inadequate nurse staffing levels

0 Incidents reported in January.

5.7 Pals concerns raised by families

PALS recorded 3 family concerns related to late postponement of treatment, requesting travel fare reimbursement.

5.8 Complaints re safe staffing

0 PALS complaints received about safe nurse staffing

5.9 Friends and family test (FFT) data

- Overall response rate target is 25%, for January this was 28% compared with 30.47% in December. The FFT score was 82 in January compared with 84 in December.
- No wards scored below a "0" FFT score for January.
- Families that were extremely likely to recommend their friends and family was 83.5% (228) with 13.9% (38) likely to recommend.
- 1 response of extremely unlikely (0.4%) was received, this relates to Squirrel Ward where care was reported as excellent but communication between teams and information given by the team was conflicting causing stress and confusion. In January there were 4 (1.5%) that responded neither likely nor unlikely.

6. Conclusion

6.1 This paper has provided Trust Board with a general overview and assurance that all wards were safely staffed during January, appropriate actions were taken when concerns were raised. We are required to ensure the validity of data by triangulating information from different sources, this has been key to compiling this report.

7. Recommendations

Trust Board 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 To note the key challenges around recruitment and the actions being taken e.g. CCR HCA recruitment.

Appendix 1: UNIFY Safe Staffing Submission January 2015

	3																	
			[Please provide the URL to	the page on your trust we	bsite where your staffing i	information is a	available					1					
				ght		Day		Night										
		Hos	spital Site Details		Main 2 Specialties on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill		Average fill	
Validation alerts	(see	Site code *The Site code is automatically populated when a Site name is	Hospital Site name	Ward name	Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly f 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	rate - Average registered rate - ca	Average fill rate - care staff (%)	registered	Average fill rate - care staff (%)
Control pane	,	DD 404	Great Ormond Street Hospital Central Londo	Badger Ward	340 - RESPIRATORY MEDICINE		1825	2211.05	304	422.05	1521	2003.3	304	66.2	121.2%	138.8%	131.7%	21.8%
		RP401	Great Ormond Street Hospital Central Londo	Bear Ward	170 - CARDIOTHORACIC SURGERY	321 - PAEDIATRIC CARDIOLOGY	2839	3037.6	606	372	2839	2574	354	293.7	107.0%	61.4%	90.7%	83.0%
		RP401		Flamingo Ward	192 - CRITICAL CARE MEDICINE	0,110,02001	5600	7623.62	356	241.5	5347	6936.7	195	174.9	136.1%	67.8%	129.7%	89.7%
	-	RP401	Great Ormond Street Hospital Central Londo	Miffy Ward (TCU)	340 - RESPIRATORY		874	1081.45	416	530.5	645	560.6	322	359.6	123.7%	127.5%	86.9%	111.7%
	-	RP401	Great Ormond Street Hospital Central Londo	Neonatal Intensive Care	MEDICINE 192 - CRITICAL CARE		2852	3722.7		115	2495	3174.1		185.7	130.5%		127.2%	
	-	RP401	Great Ormond Street Hospital Central Londo	Unit Paediatric Intensive Care	MEDICINE 192 - CRITICAL CARE		6060	6661.55	356	529	6060	5651.59	356	302.4	109.9%	148.6%	93.3%	84.9%
	-	RP401	Great Ormond Street Hospital Central Londo	Unit Elephant Ward	MEDICINE 370 - MEDICAL	823 - HAEMATOLOGY	1679	1856.2	356	417	1426	1294.3	356	410.65	110.6%	117.1%	90.8%	115.4%
		RP401	Great Ormond Street Hospital Central Londo	Elephant Ward	ONCOLOGY	313 - CLINICAL	10/9	1836.2	336	417	1420	1294.3	356	410.65	110.0%	117.176	90.6%	115.4%
	0	RP401	Great Ormond Street Hospital Central Londo	Fox Ward	303 - CLINICAL HAEMATOLOGY	IMMUNOLOGY and ALLERGY	2232	1825.5	332	259.75	1846	1405.8	332	274.6	81.8%	78.2%	76.2%	82.7%
		RP401	Great Ormond Street Hospital Central Londo	Giraffe Ward	313 - CLINICAL IMMUNOLOGY and ALLERGY	350 - INFECTIOUS DISEASES	1069	1045.8	356	88.25	713	717.769	356	126.5	97.8%	24.8%	100.7%	35.5%
		RP401	Great Ormond Street Hospital Central Londo	Lion Ward	370 - MEDICAL ONCOLOGY	303 - CLINICAL HAEMATOLOGY	1426	1780.25	356	368.55	1426	1417	356	219.5	124.8%	103.5%	99.4%	61.7%
		RP401	Great Ormond Street Hospital Central Londo	Penguin Ward	330 - DERMATOLOGY	410 - RHEUMATOLOGY 313 - CLINICAL	884	1060.5	326	345	652	548.75	326	32.4	120.0%	105.8%	84.2%	9.9%
	0	RP401	Great Ormond Street Hospital Central Londo	Robin Ward	350 - INFECTIOUS DISEASES	IMMUNOLOGY and ALLERGY	2035	1805.5	356	241.5	1782	1368.5	356	326.8	88.7%	67.8%	76.8%	91.8%
		RP401	Great Ormond Street Hospital Central Londo	Bumblebee Ward	171 - PAEDIATRIC SURGERY	420 - PAEDIATRICS	2489	2610	355	628.2	2134	1975.2	711	486.7	104.9%	177.0%	92.6%	68.5%
		RP401	Great Ormond Street Hospital Central Londo	Butterfly Ward	370 - MEDICAL ONCOLOGY	420 - PAEDIATRICS	2353	2378.35	701	614	2104	1449.2	350	260.6	101.1%	87.6%	68.9%	74.5%
	0		Great Ormond Street Hospital Central Londo	Eagle Ward	361 - NEPHROLOGY		2226	1777.9	693	397	1387	1348.72	346	308	79.9%	57.3%	97.2%	89.0%
	-	RP401 RP401	Great Ormond Street Hospital Central Londo	Kingfisher Ward Rainforest Ward (Gastro)	420 - PAEDIATRICS 301 -		1451 679	1704.1 1014.65	870 679	471.5 406.55	297 679	347.7 610.7	679	10.8 282.21	117.4%	54.2% 59.9%	117.1% 89.9%	41.6%
	-	RP401	Great Ormond Street Hospital Central Londo	Rainforest Ward	GASTROENTEROLOGY 302 - ENDOCRINOLOGY		1050	1184.3	700	310.5	1050	748.7	350	298.6	112.8%	44.4%	71.3%	85.3%
		RP401	Great Ormond Street Hospital Central Londo Great Ormond Street Hospital Central Londo	(Endo/Met) Mildred Creak	711- CHILD and ADOLESCENT PSYCHIATRY		1063	1170.05	583	400	483	370.7	432	537.6	110.1%	68.6%	76.7%	124.4%
		RP401	Great Ormond Street Hospital Central Londo	Koala Ward	150 - NEUROSURGERY	421 - PAEDIATRIC NEUROLOGY	2644	3194.9	314	399.45	2998	2996.6		21.6	120.8%	127.2%	100.0%	
		RP401	Great Ormond Street Hospital Central Londo	Peter Pan Ward	120 - ENT 110 - TRAUMA &	160 - PLASTIC SURGERY	1312	1616.5	507	368	1217	1082.5			123.2%	72.6%	88.9%	
		RP401	Great Ormond Street Hospital Central Londo	rmond Street Hospital Central Londo Sky Ward		171 - PAEDIATRIC SURGERY	2035	2122.65	173	701.5	1978	1531.2			104.3%	405.5%	77.4%	
		RP401	Great Ormond Street Hospital Central Londo	Squirrel Ward	171 - PAEDIATRIC SURGERY	101 - UROLOGY	2917	2917.18	692	598	2615	2597.4		11.5	100.0%	86.4%	99.3%	

Appendix 2: Overview of Ward Nurse Staffing- January 2015

				Regist	ered Nursing	staff	Non Registered							Recruitme	nt Pipeline		
Div	ision	Ward	Established Bed Numbers	Proposed Funded Establishment	Staff in Post	Vacancies	Proposed Funded establishment	Staff in Post	Vacancies	Total Estabslishment	Total Vacancies	Bank Used	Net Vacant	Registered Starters	Non- registered Starters	Number of unsafe shifts	Average Bed Closures
		Badger	15	39.5	29.4	10.1	7.5	5.0	2.5	47.0	12.6	2.0	10.6	3.0		0	1.9
		Bear	22	47.8	43.8	4.0	9.0	4.0	5.0	56.8	9.0	0.2	8.8	6.0		0	0.1
	CCCR	Flamingo	17	121.0	108.7	12.3	10.8	6.0	4.8	131.8	17.1	19.9	-2.8	6.0	4	0	0.0
	8	Miffy (TCU)	5	14.0	10.5	3.5	7.8	5.0	2.8	21.8	6.3	4.0	2.3	1.0		0	0.5
		NICU	8	51.5	40.8	10.7	5.2	1.0	4.2	56.7	14.9	11.6	3.3	2.0		0	0.0
		PICU	13	83.0	91.5	-8.5	8.9	6.0	2.9	91.9	-5.6	8.0	-13.6	4.0		0	0.0
											1						
		Elephant	13	25.7	23.7	2.0	4.9	4.0	0.9	30.6	2.9	3.4	-0.5	1.0		0	0.0
		Fox	10	31.0	28.5	2.5	5.2	4.0	1.2	36.2	3.7	3.6	0.1	1.0	1	0	0.7
	7	Giraffe	7	19.0	16.1	2.9	1.0	0.5	0.5	20.0	3.4	2.1	1.3	1.0	2	0	0.0
	<u> </u>	Lion	11	22.0	20.8	1.2	5.2	4.0	1.2	27.2	2.4	3.4	-1.0			0	0.0
		Penguin	9	15.2	13.3	1.9	5.5	5.4	0.1	20.7	2.0	0.6	1.4	2.0		0	0.5
		Robin	10	27.2	24.0	3.2	5.2	4.4	0.8	32.4	4.0	1.1	2.9			0	0.0
		Bumblebee								40.0	- 0						
	IРР	Butterfly	21	38.3	31.0	7.3	9.7	10.0	-0.3	48.0	7.0	5.7	1.4	3.0	1	0	0.1
		butterny	18	37.2	26.4	10.8	10.5	8.9	1.6	47.7	12.4	4.3	8.1	3.0	2	0	0.2
		Eagle	21	39.5	32.6	6.9	10.5	10.0	0.5	50.0	7.4	2.0	4.5	4.0		0	0.2
	<u>∞</u>	Kingfisher	16	18.2	18.0	0.2	6.2	3.8	2.4	24.4	2.6	2.9 0.6	2.0	4.0	1	0	0.0
	MDTS	Rainforest Gastro	8	16.0	12.4	3.6	5.2	4.5	0.7	21.2	4.3	1.3	3.0	2.0	1	0	0.3
		Rainforest Endo/Met	8	15.7	14.1	1.6	5.2	5.0	0.2	20.9	1.8	1.7	0.1	1.0		0	0.2
		·	Ū	1517	14.1	110	312	5.0	0.2	20.5	110	1.7	0.1	1.0		Ü	0.2
þ	nc	Mildred Creak	10	11.8	12.2	-0.4	7.8	6.3	1.5	19.6	1.1	1.9	-0.8			0	0.2
Neuro-	scier es	Koala	24	44.7	45.6	-0.9	7.1	5.9	1.2	51.8	0.3	4.3	-4.0			0	2.3
	ry	Peter Pan	16	24.5	22.6	1.9	5.0	4.0	1.0	29.5	2.9	0.4	2.6	2.0	1	0	1.3
	Surgery	Sky	18	31.0	24.0	7.0	5.2	5.0	0.2	36.2	7.2	1.6	5.6	4.0		0	0.0
	S	Squirrel	22	43.6	40.6	3.0	7.0	5.0	2.0	50.6	5.0	3.6	1.4	1.0		0	0.6
		TRUST TOTAL:	322	817.4	730.6	86.8	155.6	117.7	37.9	973.0	124.7	88.0	36.7	47.0	12.0	0.0	9.1