Great Ormond Street **NHS**
Hospital for Children
NHS Foundation Trust

Trust Board April 29th 2015	
Safe Staffing Report	**Paper No**
Submitted by: Janet Williss **Acting Chief Nurse**	

Aims / summary
This paper provides assurance that the Trust has safe nurse staffing levels on our in-patient wards and systems in place to manage the demand for nursing staff. In order to provide greater transparency the report also includes 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:

- 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.

Compliance with *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 2014.

Financial implications
Already incorporated into 15/16 Division budgets

Who needs to be told about any decision?
Division Management Teams
Finance Department

Who is responsible for implementing the proposals / project and anticipated timescales?
Acting Chief Nurse; Assistant Chief Nurse, Heads of Nursing

Who is accountable for the implementation of the proposal / project?
Acting Chief Nurse; Division Management Teams

GOSH NURSE SAFE STAFFING REPORT

March 2015

1. Introduction

1.1 This report on GOSH Safe Nurse Staffing contains information from the month of March 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 March 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 patient activity, 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.

ICI – No unsafe shifts reported in March

Robin Ward had 2/3 beds closed periodically due to maintenance work, this accounts for the reduction in planned staff. 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. Staffing on Fox was supplemented as necessary from other wards within the Division.

Surgery No unsafe shifts reported in March
Sky Ward – reduced night staff due to bed closures.

CCCR – No unsafe shifts reported in March
Badger and Miffy both report having increased numbers of Ward Intensive Care patients requiring 1:1 care. Two funded extra beds remain closed on Badger Ward.
Flamingo planned staffing for 17 beds, up to 3 additional beds are opened when staff available through Bank. PICU plan to roster more HCAs onto night shifts. NICU have increased sickness requiring extra staff on shifts.

MDTS - No unsafe shifts reported in March
Sickness on Eagle Ward has impacted on day staffing numbers, patient care was not compromised. Variations in Rainforest Gastro and Endo Met staffing reflect changes in acuity and dependency. A Datix form received from Endo/Met regarding short staffing on one night shift, no action required.

Neurosciences - No unsafe shifts reported in March
Koala has reported high levels of acuity requiring extra staff. For the second consecutive month a Datix form has been submitted reporting high acuity and stress amongst staff. This is being investigated and managed by the Head of Nursing. A new HCA working supernumerary has increased the day numbers from 1 to 2 HCAs (reported on UNIFY as 198%).
Mildred Creak Unit - Reduction in Registered planned hours at night due to less interventions required by current patient cohort.

IPP - No unsafe shifts reported in March
Activity on Bumblebee and Butterfly has been variable throughout March hence the variation in staffing, also 4 beds were closed on Butterfly for repairs. Staff worked flexibly across the wards as needed.

3.1.3 Appendix 2 provides the average Trust Fill Rates submitted as part of the UNIFY return from May 2014 to March 2015. The trend is moving towards 100%. As more HCAs are recruiting the Night Care will increase.

3.1.4 The Clinical Site Practitioners (CSPs) report that no wards were declared unsafe during this period, however there were 9 occasions in March where staff were moved between wards for part or a whole shift to maintain safe care. A further 11 occasions are noted where wards reported being short of staff but safety was not compromised.

3.2 General Staffing Information

3.2.1 Appendix 3 – Ward Nurse Staffing overview for March. The table provides information on staff in post, vacancies and staff in the recruitment pipeline and includes bed closure information. 12 out of 23 inpatient wards closed beds at various points during March. An average of 13.4 beds were closed each day, planned closures for maintenance accounts for 6 beds, 2 beds on Badger Ward remain closed for on-going recruitment. 5 beds on average were closed for acute staff sickness. 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 March have reduced to 101 (10%) Whole Time Equivalents (WTE), this breaks down to 75.4 registered nurse

vacancies (9% of RN total). 25.7 non registered vacancies (16% of HCA total). Temporary nurses, mainly from GOSH Nurse Bank, employed on wards totalled 115 WTE, the March position was therefore + 14 WTE.

3.2.3   New starters progressing through pre-employment checks total 23 registered nurses and 1 HCA, totalling 24 WTE.

3.2.4   GOSH staff attended 3 University Graduate job fairs and the RCN jobs fair in Glasgow this month.   Three additional agencies have been interviewed to bolster our overseas recruitment. The next jobs fair hosted at GOSH will be April 29th. Approx. 200 visitors have booked in.

3.2.5   Recent advertising for HCAs yielded an extremely positive response. Shortlisted candidates will go through specific HCA assessment centres in April.

3.2.6   As a Trust we continue to sustain recruitment against a backdrop of well publicised national nurse shortages.

3.2.7   The next 6 monthly establishment review will commence in April/May 2015.

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 March 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	1	
MRSA Bacteraemias	0	
MSSA Bacteraemias	1	
E Coli Bacteraemia	0	
D & V and other outbreaks	1	Affecting Giraffe, Lion and Elephant
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	4	Reduced from 7 reported in February

5.5 Deteriorating patient

5.5.1 For the month of March 9 patient related emergency calls were received, 6 respiratory arrests outside of ICU, and 3 cardiac arrests 2 on CICU and 1 in X-ray. In addition 11 patients had unplanned admissions to Intensive Care.

5.6 Numbers of safety incidents reported about inadequate nurse staffing levels

2 Incidents reported by staff in March (included in the HoN report).

5.7 Pals concerns raised by families

PALS recorded 2 family referrals, both relating to Safari Ward (Day-care) both express concerns on the delay in being allocated a bed and the subsequent delay in receiving treatment, noting the ward was busy and short staffed.

5.8 Complaints re safe staffing

1 complaint relating to inadequate nursing care whilst on Bumblebee ward and in the MRI scanner. The complainant reports the patient was not checked on frequently enough during their stay.

5.9 Friends and family test (FFT) data

- Response rate for February was 33% decreasing slightly to 32% in March (Target 25%).
- The FFT score was 80 in March compared with 81 in February.
- No wards scored below a "0" FFT score for March.
- Families that were extremely likely to recommend their friends and family was 81% (258) with 15% (50) likely to recommend.
- 1 (0.3%) response of extremely unlikely on Badger Ward, 5 (1.6%) responded unlikely, 3 on Badger Ward, 1 on Lion Ward and 1 on Rainforest Gastro. The HoN are aware and investigating the concerns raise

6. Conclusion

6.1 This paper has provided Trust Board with a general overview and assurance that all wards were safely staffed during March, 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. CCCR HCA recruitment.

7.4 The bi annual establishment review process will commence in April 2015.

Appendix 1: UNIFY Safe Staffing Submission – March 2015

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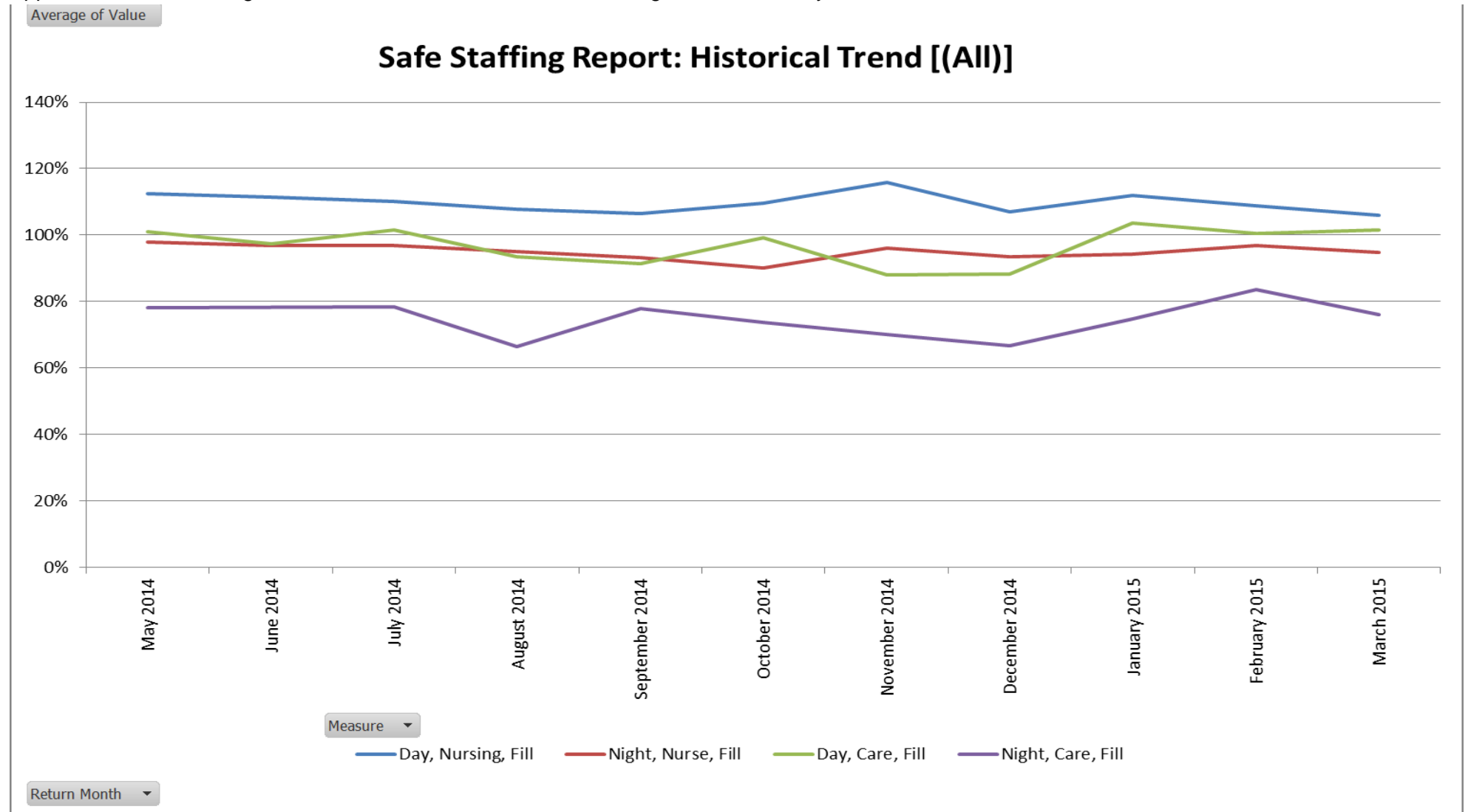## Staffing: Nursing, midwifery and care staff

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

Period: March_2014-15

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

						Day				Night				Day		Night	
	Hospital Site Details		Ward name	Main 2 Specialties on each ward		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 (%)
Validation alerts (see control panel)	Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	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 Londo	Badger Ward	340 - RESPIRATORY MEDICINE		1800	2361.5	300	506	1500	2204.4	300	174.2	131.2%	168.7%	147.0%	58.1%
	RP401	Great Ormond Street Hospital Central Londo	Bear Ward	170 - CARDIOTHORACIC SURGERY	321 - PAEDIATRIC CARDIOLOGY	2823	2965.58	603	346.2	2823	2686.05	352	294.4	105.1%	57.4%	95.1%	83.6%
	RP401	Great Ormond Street Hospital Central Londo	Flamingo Ward	192 - CRITICAL CARE MEDICINE		5600	6838.05	356	264.5	5347	6035.9	207	109.4	122.1%	74.3%	112.9%	52.9%
	RP401	Great Ormond Street Hospital Central Londo	Miffy Ward (TCU)	340 - RESPIRATORY MEDICINE		966	815.65	460	576.5	713	770.8	356	531.95	84.4%	125.3%	108.1%	149.4%
	RP401	Great Ormond Street Hospital Central Londo	Neonatal Intensive Care Unit	192 - CRITICAL CARE MEDICINE		2713	3102.15		104.1	2374	2582.53		21.6	114.3%		108.8%	
	RP401	Great Ormond Street Hospital Central Londo	Paediatric Intensive Care Unit	192 - CRITICAL CARE MEDICINE		6060	6249.5	356	460	6060	5403.22	356	259.2	103.1%	129.2%	89.2%	72.8%
	RP401	Great Ormond Street Hospital Central Londo	Elephant Ward	370 - MEDICAL ONCOLOGY	823 - HAEMATOLOGY	1679	1737.9	356	333.5	1426	1346.9	356	326.8	103.5%	93.7%	94.5%	91.8%
	RP401	Great Ormond Street Hospital Central Londo	Fox Ward	303 - CLINICAL HAEMATOLOGY	313 - CLINICAL IMMUNOLOGY and ALLERGY	2392	1479.5	356	287.5	1989	1273.8	356	241.1	61.9%	80.8%	64.0%	67.7%
	RP401	Great Ormond Street Hospital Central Londo	Giraffe Ward	313 - CLINICAL IMMUNOLOGY and ALLERGY	350 - INFECTIOUS DISEASES	1069	977.5	356	186.25	713	709.7	356	294.8	91.4%	52.3%	99.5%	82.8%
	RP401	Great Ormond Street Hospital Central Londo	Lion Ward	370 - MEDICAL ONCOLOGY	303 - CLINICAL HAEMATOLOGY	1426	1748.7	356	437	1426	1282.8	356	264.1	122.6%	122.8%	90.0%	74.2%
	RP401	Great Ormond Street Hospital Central Londo	Penguin Ward	330 - DERMATOLOGY	410 - RHEUMATOLOGY	966	1151.5	356	482	713	679.1	356	191.3	119.2%	135.4%	95.2%	53.7%
	RP401	Great Ormond Street Hospital Central Londo	Robin Ward	350 - INFECTIOUS DISEASES	313 - CLINICAL IMMUNOLOGY and ALLERGY	1684	1496.65	295	207	1475	1265.4	295	218.65	88.9%	70.2%	85.8%	74.1%
	RP401	Great Ormond Street Hospital Central Londo	Bumblebee Ward	171 - PAEDIATRIC SURGERY	420 - PAEDIATRICS	2482	2111.45	354	631	2127	1923.7	709	272.1	85.1%	178.2%	90.4%	38.4%
	RP401	Great Ormond Street Hospital Central Londo	Butterfly Ward	370 - MEDICAL ONCOLOGY	420 - PAEDIATRICS	2281	2000	679	706	2039	1335.5	339	282.2	87.7%	104.0%	65.5%	83.2%
	RP401	Great Ormond Street Hospital Central Londo	Eagle Ward	361 - NEPHROLOGY		2215	1910.15	690	415.2	1380	1299.2	345	267.6	86.2%	60.2%	94.1%	77.6%
	RP401	Great Ormond Street Hospital Central Londo	Kingfisher Ward	420 - PAEDIATRICS		1523	1705.7	914	667	331	357.8			112.0%	73.0%	108.1%	
	RP401	Great Ormond Street Hospital Central Londo	Rainforest Ward (Gastro)	301 - GASTROENTEROLOGY		663	1074.6	663	388.4	663	682.9	663	295.1	162.1%	58.6%	103.0%	44.5%
	RP401	Great Ormond Street Hospital Central Londo	Rainforest Ward (Endo/Met)	302 - ENDOCRINOLOGY		1069	1309.1	713	241.5	1069	683.9	356	249.8	122.5%	33.9%	64.0%	70.2%
	RP401	Great Ormond Street Hospital Central Londo	Mildred Creak	711- CHILD and ADOLESCENT PSYCHIATRY		1104	1334	605	666.5	503	410.4	454	534.1	120.8%	110.2%	81.6%	117.6%
	RP401	Great Ormond Street Hospital Central Londo	Koala Ward	150 - NEUROSURGERY	421 - PAEDIATRIC NEUROLOGY	2452	3034.85	291	576.5	2790	3000.5		65.5	123.8%	198.1%	107.5%	
	RP401	Great Ormond Street Hospital Central Londo	Peter Pan Ward	120 - ENT	160 - PLASTIC SURGERY	1575	1483.5	609	414	1483	1281.4			94.2%	68.0%	86.4%	
	RP401	Great Ormond Street Hospital Central Londo	Sky Ward	110 - TRAUMA & ORTHOPAEDICS	171 - PAEDIATRIC SURGERY	1897	1720.8	664	863	1854	1558.5			90.7%	130.0%	84.1%	
	RP401	Great Ormond Street Hospital Central Londo	Squirrel Ward	171 - PAEDIATRIC SURGERY	101 - UROLOGY	2812	2945.6	667	733.9	2531	2597.07		23	104.8%	110.0%	102.6%	

Appendix 2: Trust Average Fill Rates Based on UNIFY Safe Staffing Submission May 2104 – March 2015

Average of Value

Safe Staffing Report: Historical Trend [(All)]

Measure ▾

— Day, Nursing, Fill   — Night, Nurse, Fill   — Day, Care, Fill   — Night, Care, Fill

Return Month ▾

Appendix 3: Overview of Ward Nurse Staffing – March 2015

Division	Ward	Established Bed Numbers	Registered Nursing staff			Non Registered			Total Establishment	Total Vacancies	Bank Used	Net Vacant	Recruitment Pipeline		Number of unsafe shifts	Average Bed Closures
			Proposed Funded Establishment	Staff in Post	Vacancies	Proposed Funded establishment	Staff in Post	Vacancies					Registered Starters	Non-registered Starters		
CCCR	Badger	15	39.5	35.0	4.5	7.5	5.0	2.5	47.0	7.0	4.8	2.2	0.0	0	0	2.1
CCCR	Bear	22	47.8	44.0	3.8	9.0	5.0	4.0	56.8	7.8	6.4	1.4	0.0	0	0	0.2
CCCR	Flamingo	17	121.0	105.7	15.3	10.8	7.0	3.8	131.8	19.1	20.4	-1.3	0.0	0	0	0.0
CCCR	Miffy (TCU)	5	14.0	13.3	0.7	7.8	7.0	0.8	21.8	1.5	6.2	-4.7	0.0	0	0	0.0
CCCR	NICU	8	51.5	39.1	12.4	5.2	1.0	4.2	56.7	16.6	10.9	5.8	3.0	0	0	0.4
CCCR	PICU	13	83.0	88.5	-5.5	8.9	5.6	3.3	91.9	-2.2	10.5	-12.7	9.0	0	0	0.0
ICI-LM	Elephant	13	25.7	23.0	2.7	4.9	5.1	-0.2	30.6	2.5	2.2	0.3	2.0	0	0	0.0
ICI-LM	Fox	10	31.0	22.0	9.0	5.2	5.0	0.2	36.2	9.2	4.1	5.1	3.0	0	0	0.0
ICI-LM	Giraffe	7	19.0	16.3	2.7	1.0	3.5	-2.5	20.0	0.2	3.1	-2.9	2.0	0	0	0.0
ICI-LM	Lion	11	22.0	23.0	-1.0	5.2	4.0	1.2	27.2	0.2	2.7	-2.5	0.0	0	0	0.0
ICI-LM	Penguin	9	15.2	13.3	1.9	5.5	5.0	0.5	20.7	2.4	4.5	-2.1	1.0	0	0	0.0
ICI-LM	Robin	10	27.2	24.0	3.2	5.2	4.5	0.7	32.4	3.9	2.3	1.6	1.0	0	0	1.7
IPP	Bumblebee	21	38.3	35.8	2.5	9.7	9.9	-0.2	48.0	2.3	7.1	-4.8	0.0	0	0	0.1
IPP	Butterfly	18	37.2	29.1	8.1	10.5	8.0	2.5	47.7	10.6	5.1	5.5	0.0	0	0	0.8
MDTS	Eagle	21	39.5	34.5	5.0	10.5	10.0	0.5	50.0	5.5	4.2	1.3	1.0	0	0	0.4
MDTS	Kingfisher	16	18.2	17.2	1.0	6.2	4.8	1.4	24.4	2.4	0.5	1.9	0.0	0	0	0.0
MDTS	Rainforest Gastro	8	16.0	11.5	4.5	5.2	5.0	0.2	21.2	4.7	2.7	2.0	0.0	0	0	0.6
MDTS	Rainforest Endo/Met	8	15.7	15.1	0.6	5.2	5.0	0.2	20.9	0.8	1.1	-0.3	1.0	0	0	0.0
Neurosciences	Mildred Creak	10	11.8	16.2	-4.4	7.8	6.6	1.2	19.6	-3.2	0.7	-3.9	0.0	0	0	0.1
Neurosciences	Koala	24	44.7	43.8	0.9	7.1	5.9	1.2	51.8	2.1	6.4	-4.3	0.0	0	0	4.4
Surgery	Peter Pan	16	24.5	24.0	0.5	5.0	5.0	0.0	29.5	0.5	1.1	-0.6	0.0	0	0	0.0
Surgery	Sky	18	31.0	26.0	5.0	5.2	6.0	-0.8	36.2	4.2	3.9	0.3	0.0	0	0	1.2
Surgery	Squirrel	22	43.6	41.6	2.0	7.0	6.0	1.0	50.6	3.0	5.1	-2.1	0.0	1	0	1.4
TRUST TOTAL:		322	817.4	742.0	75.4	155.6	129.9	25.7	973.0	101.1	115.8	-14.7	23.0	1.0	0.0	13.4