Trust Board	
September 2016	
Safe Nurse Staffing Report for July 2016	**Paper No**
Submitted by: Juliette Greenwood Chief Nurse	

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, nurse recruitment and this month contains specific information on nurse retention plans and initiatives.

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.

- The change to the national reporting matrix of Care Hours Per Patient Day (CHPPD).

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. In July 2016 there was further guidance – '*Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time' (National Quality Board, July 2016).* This guidance provides an updated set of NQB expectations for nurse staffing to help Trust boards make local decisions that will deliver high quality care for patients within the available staffing resource.

Financial implications

Already incorporated into 16/17 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 Nurses, Head of Nursing

Who is accountable for the implementation of the proposal / project?

Chief Nurse; Divisional Management Teams

GOSH NURSE SAFE STAFFING REPORT July 2016

1.   Introduction

1.1   This report on GOSH Safe Nurse Staffing contains information from the month of July 2016. The report provides information on staff in post, safe staffing incidents, nurse vacancies and includes quality measures which are reported by exception.

1.2   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'.

1.3   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 new reporting of Care Hours Per Patient Day (CHPPD).
4. The impact on key quality and safety measures.

2.   GOSH Ward Nurse Staffing Information for Trust Board

2.1   Safe Staffing

2.1.1   The UNIFY Fill Rate Indicator for July is attached as Appendix 1. The spread sheet contains:

- Total monthly planned staff hours; the Divisional Assistant Chief Nurses and Head 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, and extra staff booked to cope with changes in patient dependency and acuity from the Nurse Bank. Supernumerary shifts are excluded. In order to meet the fluctuations in acuity and dependency the number may exceed or be below 100%.

- 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.

2.1.2   Commentary:

- Divisional Assistant Chief Nurses and IPP Head 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 July (June) is:

RN Day	99.6% (101.4%)
RN Night	90.1% (89.8.0%)
HCA Day	96.2% (97.6%)
HCA Night	94.8% (85.8%)
Total Fill Rate	95.2% (95.5%)

UNIFY monthly fill-rate
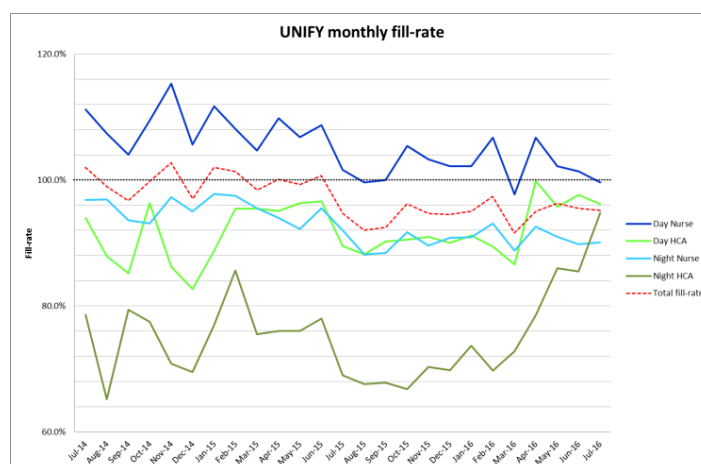
| **Barrie – (MDTS/Neuro/Surgery) - No unsafe shifts reported in July** |

- **Eagle**: Acuity of complex transplant patients and ward staff covering Eagle haemodialysis accounts for increase above 10% tolerance for qualified staff. HCA below 10% tolerance due to long term sickness and other HCAs on phased return from sickness. Unable to fill HCA bank shifts requested.
- **Kingfisher**: Qualified nurses above 10% on nights because they were having to cover the ward due to lack of HCAs. HCA average fill is blank because they currently only have one working – 1 on mat leave and two on long term sickness, being managed under the sickness policy. They have had one new HCA start in August but is supernumerary doing care certificate. HCA bank shifts have been requested to cover the long term HCA sickness but these hardly ever get filled.
- **Rainforest Gastro:** Lack of HCA's (one left suddenly following sickness and the other on long term sickness leaving one only work on ward who is shared 0.5 with Rainforest EndoMet). Therefore qualified staff have been covering these shifts, hence the above 10% figures.
- Rainforest Endo/Met: A number of new qualified staff have just achieved their oral competency but are not yet IV competent. As these nurses were supernumerary they have been counted in as HCAs until they gained their oral drugs competency hence the >10 % numbers. HCA vacancy now filled but nurse doing care certificate.
- **Peter Pan:** Qualified Nurse and HCA deficit day and night is representative of vacancies and staff on Mat leave. Some supernumerary new starters within that. Peter Pan should have 5 nurses per shift during the week, but can cope safely on 4 depending on the acuity of the patients, patients are often moved appropriately across the floor to ensure safety.
- **Squirrel:** Deficit of HCA during the day as they have utilised their HCA's on night shifts for support due to staff nurse vacancies waiting for registered new starters.
- **Sky:** slightly lower percentage of qualified staff at night is representative of acute sickness and vacancies, but no shifts have been unsafe.
- **Koala:** Deficit of HCAs at night due to vacancies.

| **IPP – No unsafe shifts reported in July** |

- **Butterfly:** Qualified staffing deficit and associated risks were mitigated by additional bank HCAs, careful allocation and use of CNS clinical shifts. Reduced number of registered nursing staff at night and increased HCAs as nursing task dependency reduced at night (due to BMT patients requiring blood products and increased IVs during day) and due to numbers of day case surgical patients.
- **Bumblebee:** Qualified staffing deficit and associated risks were mitigated by additional bank HCA's, careful allocation. Additional HCAs with tracheostomy skills were also used to support/care for tracheostomy patients in cubicles and other 1:1 care required. Bumblebees also have care staff recruited for Hedgehog ward on their roster awaiting the new ward to open.

| **West – (CCCR/ICI) – No unsafe shifts reported in July** |

- **Fox:** Qualified nurse deficit on day; nurses moved to cover deficit on Robin. Qualified and HCAs under on nigh; staff have been moved around to help other areas.
- **Giraffe:** HCA deficit on day; more registered staff needed due HDU area with some sicker patients.
- **Lion:** HCA slightly over on day due to patients with trachys, who needed specialing.
- **Robin:** over on HCA on day and night due to vacancies and an increase in dependency, increased staffing to provide extra support. 1 datix was submitted due to staffing levels which was appropriately escalated to DACN and CSP team
- **Penguin:** HCA over on day as we need to staff ambulatory. HCA deficit on night; booked HCAs moved to other areas unable to fill their bank and have a higher need.

2.1.3   Care Hours Per Patient Day (CHPPD)

From May 2016 Trusts began reporting monthly CHPPD data to NHS Improvement and is included in the Planned vs Actual hours report. Over time it is hoped this data will be used to enable national benchmarking with other organisations on a ward speciality basis to ensure effective and

efficient staffing levels and allow trusts to review internally the deployment of staff within a speciality and by comparable ward.

The table below shows the first two months reporting of CHPPD. This data is only for the inpatient wards and excluding any daycase beds. The data is broken down by registered and non-registered staffing for each ward; it also compares each ward to the current Trust average hours (including and excluding ITU CHPPD). Currently there is no national guidance on what the CHPPD should be for specialist hospitals.
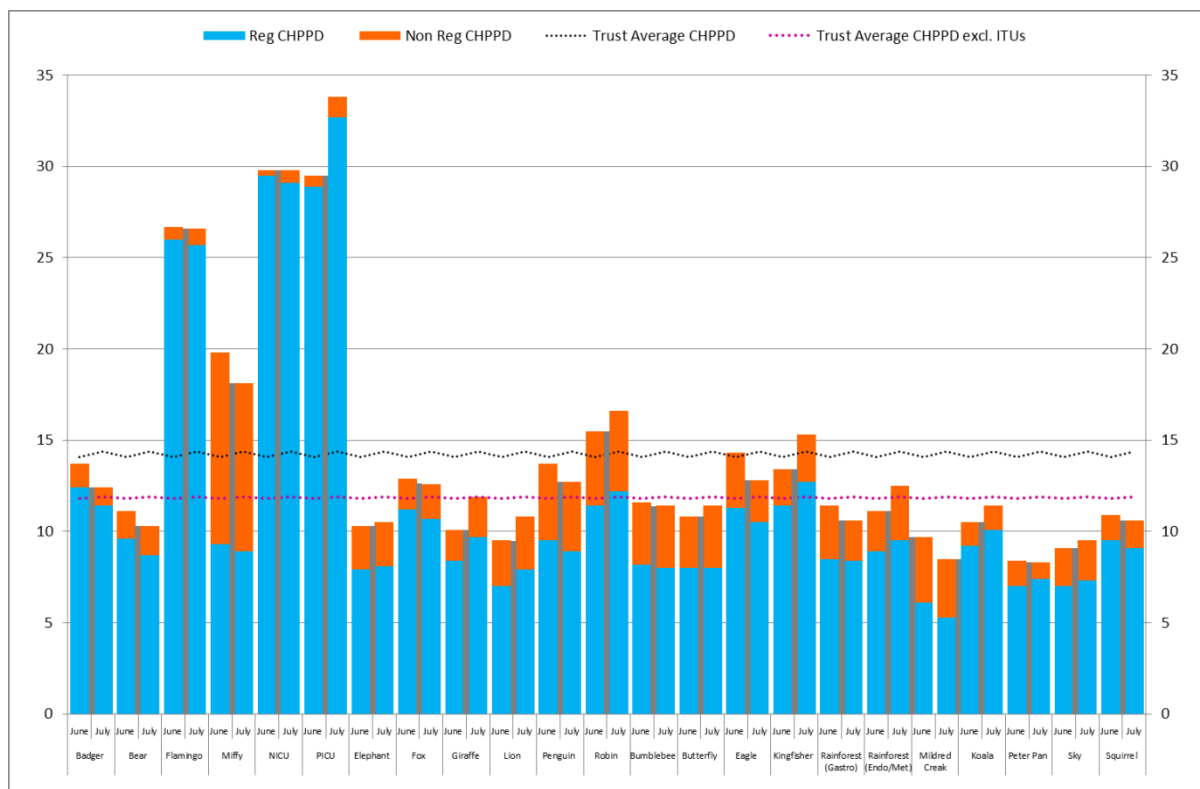
2.1.4   The Clinical Site Practitioners (CSPs) confirm that no ward was declared unsafe in July. 18 shifts were reported as being short of staff but safety was not compromised.

3.1   General Staffing Information

3.1.1   Appendix 2 – Ward Nurse Staffing overview for July. The table provides information on staff in post, vacancies and staff in the recruitment pipeline and includes bed closure information.

3.1.2   15 out of 23 inpatient wards closed beds at various points during July compared to 12 in June. An average of 8.1 beds were closed each day, this is an increase from 6.7 bed closures in June. The main reasons for bed closures were due to staffing/sickness on Butterfly, Fox, Giraffe, Koala, Robin, Sky and Squirrel; infection control on Bear, planned maintenance work on Bumblebee, Lion, Rainforest Endo/Met, and infestation control on Rainforest Gastro.

3.1.3   For the inpatient wards, at 1st July 2016, the registered and non-registered vacancies totalled 126.8 WTE, an increase from 125.8 in June. This breaks down to: 126.8 (15.3%) registered nurse vacancies (93.7 in June); 27.1 (17.1%) HCA vacancies (32.1 in June). Temporary nurses, mainly from GOSH Nurse Bank, deployed on the wards totalled 115.7 WTE, the July position was therefore 38.2 WTE net vacancies (19.3 WTE in June, -12.8 in May, 3.2 WTE in April and -10 WTE in March).

3.2   Vacancies and Recruitment

3.2.1   141 of a total of 152 Newly Qualified Nurses were recruited from the assessment centres held in June/July. 9 declined the offer of employment and 2 failed the assessments. 133 are expected to start in September, and 8 early next year (once qualified in January 2017).

3.2.2   An additional 9 of 15 NQNs are also in the pipeline following the January 2016 assessment centres who qualified in June (6 declined the job offer). As such, 142 NQNs are expected to start in September 2016. The projected vacancy rate will thus be x – this includes estimated turn-over.

Inpatient wards; total establishment, staff in post, vacancies, and vacancy rate
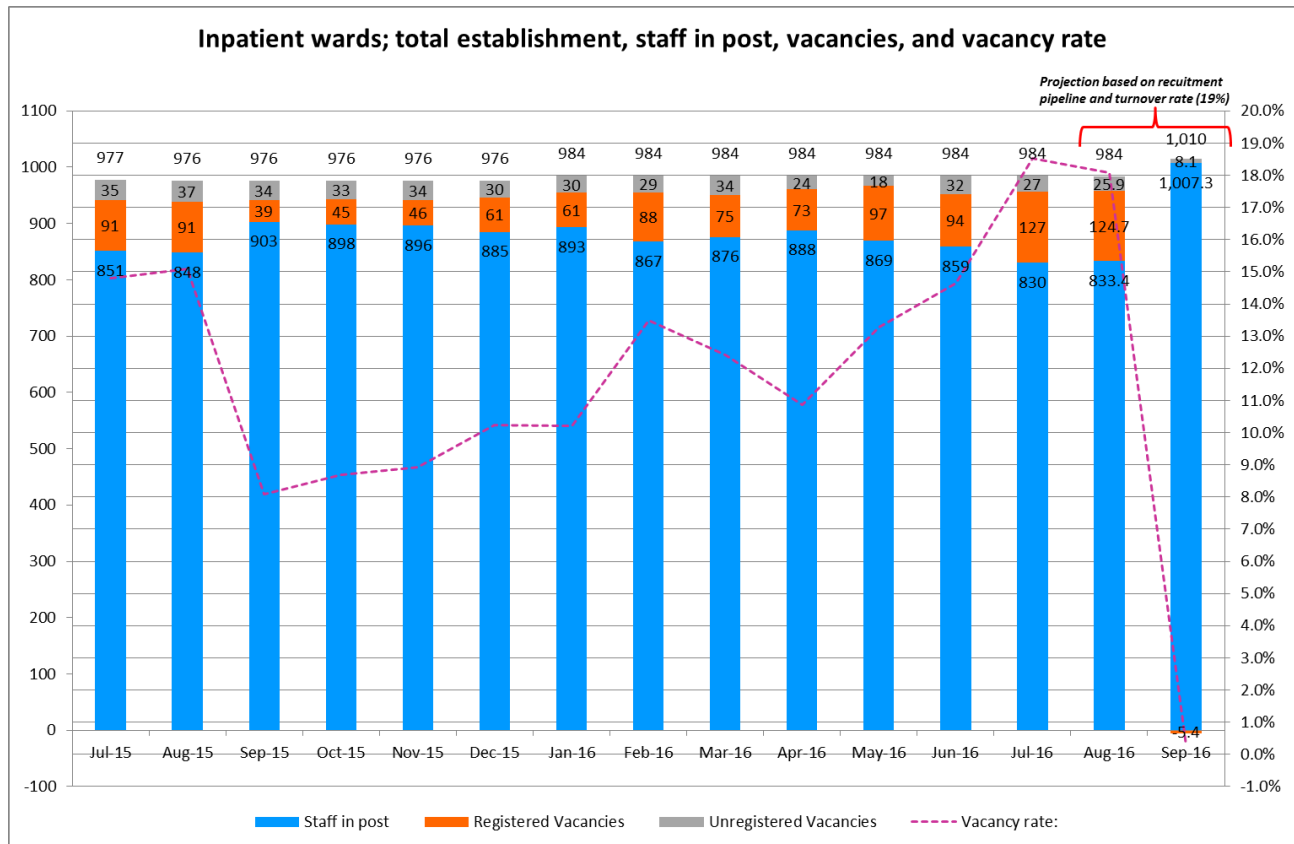
3.2.3   11 Band 2 or 3 HCA were recruited in July's Assessment Centre and pending pre-employment checks are due to start in September 2016.

3.2.4   There are currently 25 experienced nurses in the recruitment pipeline waiting to start in July and August.

3.2.5   The 6 monthly nurse establishment reviews has been completed in July 2016 this will be reported to the Board in September 2016

3.3   Key Challenges

- Recruitment of experienced Band 5 and Band 6 Nurses.
- Retention of Band 5 and 6 Nurses.

4.   Key Quality and Safety Measures and Information

4.1   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 July 2016.

4.2   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 Divisional Chief Nurses and their review processes.

4.3   Infection control

Infection	Number of incidents	Comment (optional)
C diff's	Not analysed at time of report	Dr Hartley has not reviewed the data yet therefore none are reported- data submission deadline for this is the 15
MRSA bacteraemias	0	
MSSA bacteraemias	1	An RCA has been requested but not yet completed
E.coli bacteraemias	4	We usually see approx. 1-5 a month (normal range)
Outbreaks and whether any beds closed	2 outbreaks of D&- ward closed for 7 days for one outbreak	There was no learning per se in that the source was not found. Control measures including enhanced cleaning were carried out
Carbapenemase- producing Enterobacteriaceae	2 confirmed (3 still awaiting further testing)	One was possible a HAI but we have found no other sources despite extensive screening so it may have been below level on detection on admission. Others were noted on admission
Hospital acquired enteric virus infections	13	We don't have accurate trend data currently as our infection control databases are being rebuilt
Hospital acquired viral respiratory infections	7	We don't have accurate trend data currently as our infection control databases are being rebuilt

4.4   Pressure ulcers

Grade	Ward / Area	Site	Avoidable?
2	PICU	OCCIPUT	AVOIDABLE
2	CICU	RIGHT NOSTRIL	AVOIDABLE
2	KOALA	RIGHT HAND	AVOIDABLE
2	BADGER	BRIDGE OF NOSE	UNAVOIDABLE
2	SQUIRREL	RIGHT FOOT	AVOIDABLE
2	MIFFY	NECK	AVOIDABLE

Narrative / comments:
No further data is available for these pressure ulcers at the time of writing this report due to a staff member on long term sick. A Root Cause Analysis is now required for all Grade 2 ulcers and actions and learning from these will be reported once completed.

4.5   Deteriorating patient

2222 calls	10	
	Cardiac Arrests = 0	Respiratory Arrests = 0
ICU Areas / IR	0	0
Non-ICU Areas	0	0
Total	0	0

Narrative / comments:
From the 10 2222 calls no calls were for any patient who had a cardiac or respiratory arrest.

4.6   Numbers of safety incidents reported about inadequate nurse staffing levels

There were 1 Datix submitted by staff regarding shortages of nurse in July. The incident did not result in any harm to patients.

Date	Ward	Issue / Narrative / Action taken
20/07/2016	Robin Ward	Due to vacancies, on the night shift 2 staff nurses and an agency staff nurse only as opposed to 4-5 staff nurses and a healthcare assistant required to meet current inpatients dependency on the ward. Shift not fully staffed with unfilled agency shifts. The nurse in charge is supposed to support a junior band 5 nurse on Fox ward which makes both wards short staffed. Shortage in the whole Trust, no spare pair of hands. Day shift bed managers aware, CSP's aware, Assistant Chief Nurse made aware. CSP's arranged for break covers from other wards. I offered to stay the night after 12.5 hours shift which was not approved. I was asked to leave by 23.30-12.00 am the latest.

4.7   Pals concerns raised by families regarding nurse staffing – 5

The Trust received two PALs referrals in regards to nurse safe staffing for July 2016:

Date	Ward	Issue / Narrative / Action taken
07/07/2016	Koala	Issue: Admission has been cancelled on the ward due to lack of staff (nurses) on the ward. Outcome: Following discussions with assistant service manager a new date has been given.
27/07/2016	Robin	Issue: Mother had concerns over lack of clinical staff and to stop antibiotics.

4.8   Complaints received regarding nurse safe staffing – 0

The Trust received no complaints over nursing staff levels in July.

4.9   Friends and family test (FFT) data

Overall response rate for July 2016 has decreased to 22.0% (data extracted 11/08/2016) compared to 25% in June 2016. The target response rate is currently 60%.

- The overall percentage to recommend score is 97% (data extracted 11/08/2016).

- Families that were extremely likely to recommend GOSH to their friends and family equalled 89% (593) and 8% (54) responded as likely to recommend compared with 84.2% (678) and 13.3% (107) in June 2016.

- For information, the following negative comments or suggestions regarding staffing issues/staff behaviour have been received for the following wards.

Response	Ward/Area	Comment related to response
Extremely Likely	Badger	We were looked after very well my only issue is Leo couldn't use the toilet because of his condition. I did speak to a nurse and she got a stall but Leo couldn't reach and she wasn't very helpful in getting something to help him in going to the toilet and he couldn't go. I'm not happy.
Likely	Koala	Yes, I would recommend Koala ward. Definitely nurses in charge or senior nurses (not all of them but most of them!) are more trustworthy. I usually was satisfied and really grateful for their care and help. I think it will be a good idea to do some kind of reward for the best nurse on the ward. They really need to know that they are helpful for parents. Some of the nurses should improve their interpersonal skills. Be more sensitive and helpful it is a must on that type of ward.
Don't Know	Rainforest Gastro	My daughter has been an inpatient for the past 7 weeks on 2 wards, Squirrel & Rainforest Gastro and although the staff work tremendously hard on Rainforest Gastro the ward and it's immunities are horrendous. The lack of bathroom/toilet facilities are appalling and the wards/cubicles are in disrepair with Silver fish getting everywhere. Ward should be condemned.

Unlikely	Rainforest Gastro	I would recommend the staff and care to anyone. They are amazing. as for the ward itself I would not. There is only 1 toilet for the whole ward which is horrendous on a gastro ward. there was also a problem with silverfish living in the clothes (pest control did come to ward but silverfish were still present.) very old and small ward.

The following positive comments regarding outstanding performance regarding staff behaviour have been received for the following wards:

Response	Ward/Area	Comment related to response
Extremely Likely	Koala	I can't thank the nurses team enough for their continued support, care and concern for my 2 yr old son (patient name). I was always dealt with a high level of professionalism and any questions I had regarding my sons care was always dealt with. The nurse training given to me regarding shunt care was invaluable and made me feel more comfortable in regards to how it works and what to look for if I do have concerns. Although a very stressful time for me here the nurses were ALWAYS there to offer support to me, even making me laugh and reassuring me when needed. I can't thank this team enough they are all totally amazing. The most hardworking dedicated wonderful team of nurses I have ever met.
Extremely Likely	Badger	Every single person I have seen regarding Lily-Blue's care & treatment has been outstanding. They have all made me feel welcome and kept me well informed about my daughter's care & treatment. A lot of hospitals could learn a lot from the staff here. Amazing!
Extremely Likely	Elephant	The staff on elephant ward are the most friendly and welcoming staff I have every come across they will do everything in their power to make your stay in hospital goes as smooth as possible.
Extremely Likely	Respiratory Sleep Unit	It is extremely likely that I would recommend this unit to friends and family because the staff were really helpful, I was never left to feel like a stranger. Everything we needed was provided. All other questions were answered clearly. At the end of our sleep study we knew exactly what our next options and steps were.
Extremely Likely	Squirrel	Staff and nurses both in the day and night shift were genuinely nice, kind and caring. We felt looked after in a professional way and would definitely recommend GOSH.

5. Conclusion

5.1 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 July, 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. Work is currently underway on a 5 year Recruitment and Retention strategy.

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

6.1 The content of the report and be assured that appropriate information is being provided to meet the national and local requirements.

6.2 The information on safe staffing and the impact on quality of care.

6.3 The successful recruitment of newly qualified nurses

6.4 The on-going challenges in recruiting experienced nurses.

6.5 The new national reporting of CHPPD.

Appendix 1: UNIFY Safe Staffing Submission – July 2016

Site code	Hospital Site name	Ward name	Specialty 1	Specialty 2	Day Reg midwives/nurses Planned	Day Reg actual	Day Care Staff Planned	Day Care actual	Night Reg Planned	Night Reg actual	Night Care Planned	Night Care actual	Day Avg fill reg (%)	Day Avg fill care (%)	Night Avg fill reg (%)	Night Avg fill care (%)	CHPPD Cumulative count	CHPPD Registered	CHPPD Care Staff	CHPPD Overall
RP401	GREAT ORMOND STREET HOSPITAL CE	Badger Ward	340 - RESPIRATORY MEDICINE		2380	2381.5	356	230	2139	2163.2	356	173.5	100.1%	64.6%	101.1%	48.7%	397	11.4	1.0	12.5
RP401	GREAT ORMOND STREET HOSPITAL CE	Bear Ward	170 - CARDIOTHORACIC SURGERY	321 - PAEDIATRIC CARDIOLOGY	2592	2983.6	543	730.2	2592	2725.9	324	327.5	115.1%	134.5%	105.2%	101.1%	654	8.7	1.6	10.3
RP401	GREAT ORMOND STREET HOSPITAL CE	Flamingo Ward	192 - CRITICAL CARE MEDICINE		6965	7311.25	354	356.5	6554	6792.7	182	162	105.0%	100.7%	103.6%	89.0%	548	25.7	0.9	26.7
RP401	GREAT ORMOND STREET HOSPITAL CE	Miffy Ward (TCU)	340 - RESPIRATORY MEDICINE		713	828.45	1069	830.55	713	561.3	713	605.6	116.2%	77.7%	78.7%	84.9%	156	8.9	9.2	18.1
RP401	GREAT ORMOND STREET HOSPITAL CE	Neonatal Intensive Care Unit	192 - CRITICAL CARE MEDICINE		3198	3226.8	355	92	3198	2886.75	0	54	100.9%	25.9%	90.3%	-	210	29.1	0.7	29.8
RP401	GREAT ORMOND STREET HOSPITAL CE	Paediatric Intensive Care Unit	192 - CRITICAL CARE MEDICINE		6027	6796.82	354	230	6027	5309.45	354	172.8	112.8%	65.0%	88.1%	48.8%	370	32.7	1.1	33.8
RP401	GREAT ORMOND STREET HOSPITAL CE	Elephant Ward	370 - MEDICAL ONCOLOGY	823 - HAEMATOLOGY	1646	1716.53	351	420.2	1407	1271	351	471.7	104.3%	119.7%	90.3%	134.4%	367	8.1	2.4	10.6
RP401	GREAT ORMOND STREET HOSPITAL CE	Fox Ward	303 - CLINICAL HAEMATOLOGY	313 - CLINICAL IMMUNOLOGY and ALLERGY	2047	1665.4	341	308.4	1882	1360.8	341	229.6	81.4%	90.4%	72.3%	67.3%	284	10.7	1.9	12.6
RP401	GREAT ORMOND STREET HOSPITAL CE	Giraffe Ward	313 - CLINICAL IMMUNOLOGY and ALLERGY	350 - INFECTIOUS DISEASES	1058	1127	352	138	1058	794.7	352	306.3	106.5%	39.2%	75.1%	87.0%	199	9.7	2.2	11.9
RP401	GREAT ORMOND STREET HOSPITAL CE	Lion Ward	370 - MEDICAL ONCOLOGY	303 - CLINICAL HAEMATOLOGY	1653	1471.5	353	467.5	1413	998.9	353	448.3	89.0%	132.4%	70.7%	127.0%	311	7.9	2.9	10.9
RP401	GREAT ORMOND STREET HOSPITAL CE	Penguin Ward	330 - DERMATOLOGY	410 - RHEUMATOLOGY	954	1112.05	356	610.93	713	624	356	131.7	116.6%	171.6%	87.5%	37.0%	196	8.9	3.8	12.6
RP401	GREAT ORMOND STREET HOSPITAL CE	Robin Ward	350 - INFECTIOUS DISEASES	313 - CLINICAL IMMUNOLOGY and ALLERGY	1802	1754.17	317	552.83	1587	1394	317	579.6	97.3%	174.4%	87.8%	182.8%	257	12.2	4.4	16.7
RP401	GREAT ORMOND STREET HOSPITAL CE	Bumblebee Ward	171 - PAEDIATRIC SURGERY	420 - PAEDIATRICS	2481	2426.15	354	983	2126	2139.85	708	970.7	97.8%	277.7%	100.7%	137.1%	573	8.0	3.4	11.4
RP401	GREAT ORMOND STREET HOSPITAL CE	Butterfly Ward	370 - MEDICAL ONCOLOGY	420 - PAEDIATRICS	2810	2258	351	1008.5	2107	1607.4	351	624.6	80.4%	287.3%	76.3%	177.9%	445	8.7	3.7	12.4
RP401	GREAT ORMOND STREET HOSPITAL CE	Eagle Ward	361 - NEPHROLOGY		2253	1988.65	709	457	1418	1297.6	354	252.6	88.3%	64.5%	91.5%	71.4%	312	10.5	2.3	12.8
RP401	GREAT ORMOND STREET HOSPITAL CE	Kingfisher Ward	420 - PAEDIATRICS		1736	1716.3	897	391	294	436.2	0	43.2	98.9%	43.6%	148.4%	-	169	12.7	2.6	15.3
RP401	GREAT ORMOND STREET HOSPITAL CE	Rainforest Ward (Gastro)	301 - GASTROENTEROLOGY		943	1178	704	241.5	704	660.2	704	245.3	124.9%	34.3%	93.8%	34.8%	220	8.4	2.2	10.6
RP401	GREAT ORMOND STREET HOSPITAL CE	Rainforest Ward (Endo/Met)	302 - ENDOCRINOLOGY		1063	1058.62	708	287.5	1063	674.5	354	252.6	99.6%	40.6%	63.5%	71.4%	183	9.5	3.0	12.4
RP401	GREAT ORMOND STREET HOSPITAL CE	Mildred Creak	711 - CHILD and ADOLESCENT PSYCHIATRY		1106	1063.65	592	522.5	505	378	448	357.1	96.2%	88.3%	74.9%	79.7%	272	5.3	3.2	8.5
RP401	GREAT ORMOND STREET HOSPITAL CE	Koala Ward	150 - NEUROSURGERY	421 - PAEDIATRIC NEUROLOGY	3199	2950.2	341	638.5	3089	2768.8	341	120.4	92.2%	187.2%	89.6%	35.3%	566	10.1	1.3	11.4
RP401	GREAT ORMOND STREET HOSPITAL CE	Peter Pan Ward	120 - ENT	160 - PLASTIC SURGERY	1552	1252.75	598	272	1437	1063.3	0	21.6	80.7%	45.5%	74.0%	-	315	7.4	0.9	8.3
RP401	GREAT ORMOND STREET HOSPITAL CE	Sky Ward	110 - TRAUMA & ORTHOPAEDICS	171 - PAEDIATRIC SURGERY	1807	1681.65	636	913.8	1755	1578.35	0	56.58	93.1%	143.7%	89.9%	-	447	7.3	2.2	9.5
RP401	GREAT ORMOND STREET HOSPITAL CE	Squirrel Ward	171 - PAEDIATRIC SURGERY	101 - UROLOGY	2917	2717.75	698	558.85	2624	2344.75	0	273.5	93.2%	80.1%	89.4%	-	556	9.1	1.5	10.6

Appendix 2: Overview of Ward Nurse Staffing – July 2016

| Speciality | 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		
Cardiorespiratory	Badger	15	39.5	37.5	2.0	7.5	5.0	2.5	47.0	4.5	2.0	2.5	0.0	0.0	0	0.0
	Bear	24	53.5	49.6	3.9	9.0	9.0	0.0	62.5	3.9	4.2	-0.3	14.0		0	2.0
	Miffy (TCU)	5	14.1	12.0	2.1	10.4	9.0	1.4	24.5	3.5	5.6	-2.1	2.0	2.0	0	0.0
Critical Care	Flamingo	17	121.0	107.0	14.0	10.8	4.0	6.8	131.8	20.8	21.5	-0.7	6.0	0.0	0	0.1
	NICU	8	51.5	46.1	5.4	5.2	1.0	4.2	56.7	9.6	8.2	1.5	0.0		0	0.0
	PICU	13	83.1	90.8	-7.7	8.9	3.0	5.9	92.0	-1.8	6.8	-8.6	4.0		0	0.1
Haematology/Oncology/Dertmatology/Rheumatology	Elephant	13	25.0	18.0	7.0	5.0	4.0	1.0	30.0	8.0	4.6	3.4	0.0		0	0.2
	Fox	10	31.0	22.0	9.0	5.0	5.0	0.0	36.0	9.0	3.0	6.0	1.0		0	0.4
	Giraffe	7	19.0	18.0	1.0	3.1	2.0	1.1	22.1	2.1	3.0	-0.9	2.0	2.0	0	0.1
	Lion	11	22.0	17.8	4.2	4.0	4.0	0.0	26.0	4.2	6.0	-1.8	6.0		0	0.1
	Penguin	9	15.5	15.0	0.5	5.8	6.0	-0.2	21.3	0.3	1.6	-1.3	1.0		0	0.0
	Robin	10	27.2	21.7	5.5	4.5	5.6	-1.1	31.7	4.4	7.4	-3.0	1.0		0	1.1
IPP	Bumblebee	21	38.3	32.3	6.0	9.7	12.0	-2.3	48.0	3.7	11.4	-7.7	4.0		0	0.1
	Butterfly	18	37.2	24.0	13.2	10.5	9.9	0.6	47.7	13.8	8.0	5.8	6.0		0	0.3
MDTS	Eagle	21	39.5	29.0	10.5	10.5	10.0	0.5	50.0	11.0	3.1	7.9	0.0		0	0.1
	Kingfisher	16	17.1	8.1	9.0	6.2	3.9	2.3	23.3	11.3	1.9	9.4	0.0		0	0.0
	Rainforest Gastro	8	17.0	6.5	10.5	4.0	2.0	2.0	21.0	12.5	0.9	11.6	0.0		0	0.1
	Rainforest Endo/Met	8	15.6	7.8	7.8	5.2	4.0	1.2	20.8	9.0	1.5	7.5	0.0		0	0.0
Neurosciences	Mildred Creak	10	11.8	14.1	-2.3	7.8	7.6	0.2	19.6	-2.1	0.1	-2.2	0.0		0	0.0
	Koala	24	48.2	40.0	8.2	7.8	6.0	1.8	56.0	10.0	5.9	4.2	12.0	2.0	0	1.0
Surgery	Peter Pan	16	24.5	16.5	8.0	5.0	3.0	2.0	29.5	10.0	1.4	8.6	3.0	2.0	0	0.0
	Sky	18	31.0	24.2	6.8	5.2	3.0	2.2	36.2	9.0	2.9	6.1	4.0	2.0	0	1.9
	Squirrel	22	43.6	41.4	2.2	7.0	12.0	-5.0	50.6	-2.8	4.8	-7.6	3.0	0.0	0	0.5
	TRUST TOTAL:	**324**	**826.2**	**699.4**	**126.8**	**158.1**	**131.0**	**27.1**	**984.3**	**153.9**	**115.7**	**38.2**	**69.0**	**10.0**	**0.0**	**8.1**