

<b>Trust Board</b> September 2016	
<b>Safe Nurse Staffing Report for August 2016</b>  <b>Submitted by: Juliette Greenwood</b> Chief Nurse	<b>Paper No</b>  
<b>Aims / summary</b> 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.	
<b>Action required from the meeting</b> The Board is asked to note: <ul style="list-style-type: none"> <li>• The content of the report and be assured that appropriate information is being provided to meet the national and local requirements.</li> <li>• The information on safe staffing and the impact on quality of care.</li> <li>• The change to the national reporting matrix of Care Hours Per Patient Day (CHPPD).</li> </ul>	
<b>Contribution to the delivery of NHS Foundation Trust strategies and plans</b> 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. In July 2016 there was further guidance – <i>'Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time'</i> (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.</i>	
<b>Financial implications</b> Already incorporated into 16/17 Division budgets	
<b>Who needs to be told about any decision?</b> Divisional Management Teams Finance Department Workforce Planning	
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> Chief Nurse; Assistant Chief Nurses, Head of Nursing	
<b>Who is accountable for the implementation of the proposal / project?</b> Chief Nurse; Divisional Management Teams	

## GOSH NURSE SAFE STAFFING REPORT August 2016

### 1. Introduction

- 1.1 This report on GOSH Safe Nurse Staffing contains information from the month of August 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 August 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 August (July) is:

RN Day	RN Night	HCA Day	HCA Night	Total Fill Rate
96.8% (99.6%)	87.6% (90.1%)	92.3% (96.2%)	85.5% (94.8%)	<b>92.0 % (95.2%)</b>

### **Barrie – (MDTS/Neuro/Surgery) - No unsafe shifts reported in August**

- **Eagle:** 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:** HCA deficit as result of 1 x maternity leave and 2 x long term sickness. New HCA start in August on supernumerary period and unfilled HCA bank shifts to cover the long term HCA sickness absence.
- **Rainforest Gastro:** Deficit in HCA's (1 x left suddenly following sickness and 1 x on long term sickness. Qualified staff over due to new starter on Supernumerary practice.
- **Rainforest Endo/Met:** Newly appointed **HCA** on Supernumerary period and qualified staffing vacancies.
- **Peter Pan:** 2 episodes of bed closure due to staff being moved to support oncology with patient acuity and staffing issues; Deficit in qualified staff due to vacancies, unfilled bank shifts and staff sickness.
- **Squirrel:** Slight deficit of qualified staff on the day due to secondment to Whittington. Utilisation of HCA's on day shifts for support qualified nurse vacancies.
- **Sky:** Slightly lower percentage of qualified staff at night owing to acute sickness and vacancies.
- **Koala:** Deficit of HCAs and Qualified staff at night due to vacancies and HCA over on days as a result of patient dependency and activity.

### **IPP – No unsafe shifts reported in August**

IPP was not unsafe on any shifts as gaps from vacant posts have been filled by temporary staffing and on one occasion we closed a bed to ensure safe staffing levels.

- **Butterfly:** Qualified staffing deficit and associated risks were mitigated by additional bank HCA's, 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 HCA's were also used to support/care for cubicalised patients requiring 1:1 care. Bumblebee also has HCA's recruited for Hedgehog ward on their roster awaiting the new ward to open.

### **West – (CCCR/ICI) – No unsafe shifts reported in August**

- **Fox:** Qualified nurse deficit on day and night due to vacancies; HCAs under on day and nights, staff move to help other areas. Bed closed due to nurse vacancies
- **Giraffe:** HCA deficit on day and night due to vacancy.
- **Lion:** HCA over on days due to high dependency patients with Trachy's; qualified nurse deficit on day and night due to vacancies.
- **Robin:** Over on HCA on day and night due to qualified vacancies and an increase in dependency, increased staffing to provide extra support; qualified deficit at night due to vacancies.
- **Penguin:** HCA over on day due to ambulatory patient activity. HCA deficit on night; booked HCAs moved to other areas within the Division who had a greater need.
- **PICU, CICU & NICU:** HCA deficit due to vacancies.
- **Badger:** Deficit of HCA's on day and nights due to sickness and vacancies.

- **Bear:** HCA's over on day and night as result of patient dependency.
- **Miffy:** Over on nights due to qualified staff vacancies.

### 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.

Appendix 3 shows the first three 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 August. 11 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 August. 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 August the same as July. An average of 9.9 beds were closed each day, this is a slight increase from 8.1 bed closures in July. The main reasons for bed closures were due to staffing/sickness on Badger, Sky, Koala, Lion, Elephant, Giraffe, Robin, Fox, Bear; patient acuity on Badger, Eagle, Sky, Peter Pan, Squirrel; infection control/maintenance on Butterfly; and patients on home leave on MCU.

- 3.1.3 For the inpatient wards, at 1<sup>st</sup> September 2016, the registered and non-registered vacancies totalled 131.5 WTE, a decrease from 153.9 in July. This breaks down to: 104.1 (12.6%) registered nurse vacancies in August (126.8 in July); 26.7 (16.9%) non registered (HCA) vacancies (27.1 in July). Temporary nurses, mainly from GOSH Nurse Bank, deployed on the wards totalled 112.6 WTE, the August position was therefore 18.9 WTE net vacancies (38.2 WTE in July, 19.3 WTE in June, -12.8 in May and 3.2 WTE in April).

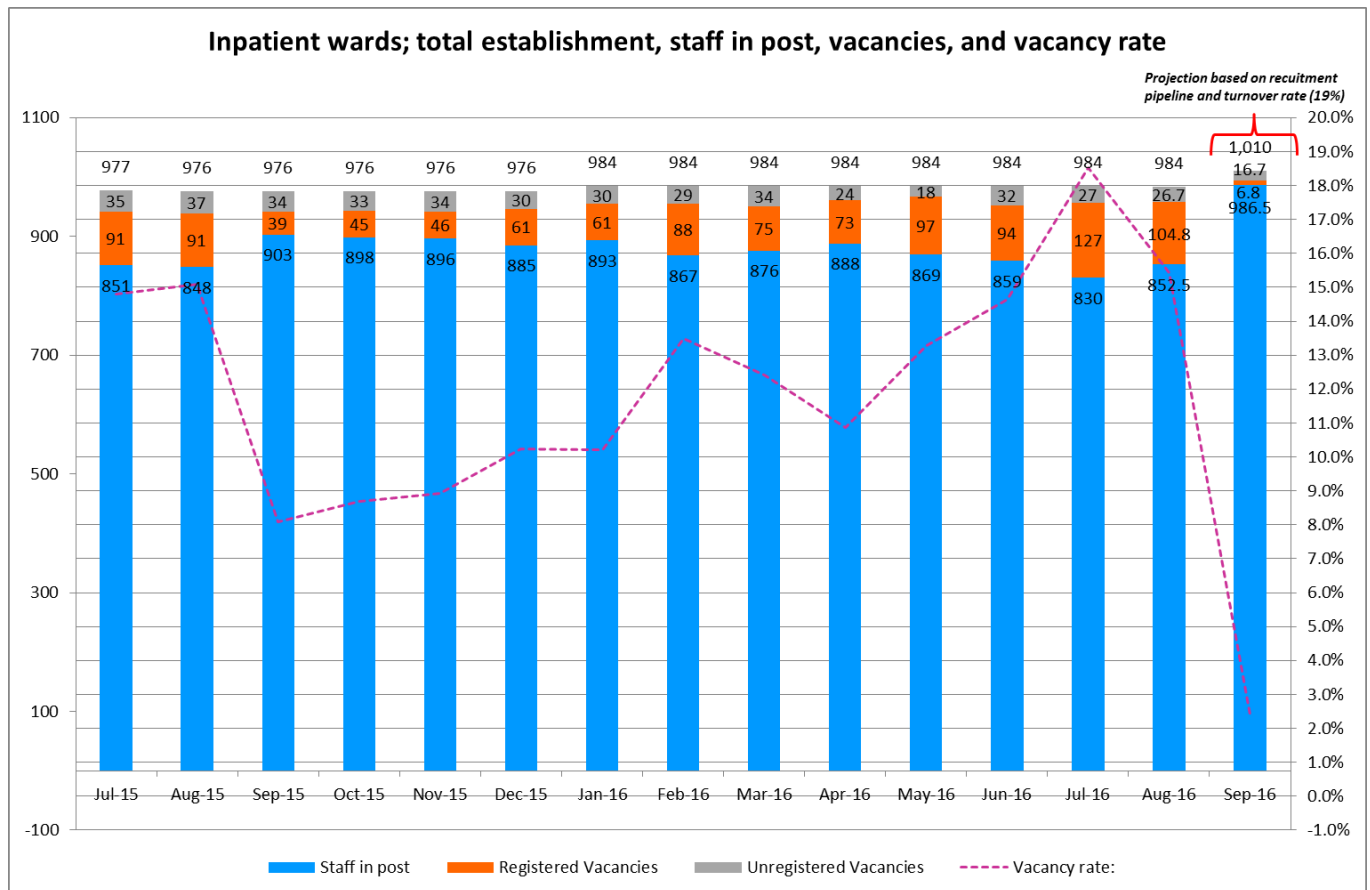
## 3.2 Vacancies and Recruitment

### 3.2.1 Newly Qualified Nurses

- Of the 152 candidates who attended the Assessment Centre in June/July, 125 are expected to start on 26 September 2016 (pending pre-employment checks). A further 9 will join the Trust between November and March 2017.
- Overall, 17 candidates have withdrawn from this NQN process and a survey will be sent out to understand the reasons for this.
- The next GOSH open day for prospective NQN and experienced Band 5 and 6 nurses is scheduled for Thursday 13th October 2016, with applications opening for the next NQN cohort opening on the same day.

### 3.2.2 Experienced Nurses

There are currently 48 experienced nurses in the recruitment pipeline waiting to start in September and October, of which 28 are for inpatient wards.



### 3.2.3 Clinical Band 2-4 (Unregistered)

- 25 successful Healthcare Support Workers (HCSW Band 2) and Healthcare Assistants (HCA Band 3) candidates were appointed from the Assessment centres held in July and August. Of these, 19 are due to start in the Trust on 5<sup>th</sup> September 2016, of which 15 are for inpatient wards.
- A further 5 candidates are due to join the Trust following completion of pre-employment checks. (One offer was retracted).
- The first cohort of Band 2 trainee Healthcare Support workers (HCSW) will commence in September on a training programme with the expectation that within 12 – 18 months they will meet both the HCA Band 3 education requirements and be clinical competent to care for CYP in a healthcare setting. This forms part of the unregistered workforce Talent for Care strategy ensuring staff have clear career development pathway and have the right skills to deliver high quality care.
- The Healthcare Support Workers (Band 2) and Healthcare Assistants (Band 3) advert went live on 31st August, the shortlisted applicants will be invited to an Assessment Centre on 10th October and the successful candidates commence in post on 5<sup>th</sup> December 2016.

### 3.2.3 Nurse establishment review

The 6 monthly nurse establishment reviews were completed in August, and will be presented to the Trust 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	0	
MRSA bacteraemias	1	PIR completed
MSSA bacteraemias	3	RCA in progress
E.coli bacteraemias	2	
Outbreaks and whether any beds closed	1-D&V	No beds closed
Carbapenemase-producing Enterobacteriaceae	? 4	Awaiting results from reference lab
Hospital acquired enteric virus infections	12	
Hospital acquired viral respiratory infections	4	

#### 4.4 Pressure ulcers

Date	Ward	Grade	Area	Cause	Avoidable/ Unavoidable
03/08/2016	Sky	G2	Bridge of nose	Device-NIV mask	Unavoidable
05/08/2016	NICU/Squirrel	G2	Occiput	Pressure	Avoidable
05/08/2016	PICU	G2	Ear	Pressure	Avoidable
08/08/2016	NICU	G2	Nostril	Device-ETT	Avoidable

09/08/2016	Rainforest Gastro	G2	R upper arm	Device-BP cuff	Avoidable
16/08/2016	CICU	G2	Occiput	Device-Hat securing ETT from local hospital	Unavoidable
31/8/16	Badger	G2	Forehead	Device-NIV mask	Avoidable

Narrative / comments:  
No further data available

#### 4.5 Deteriorating patient

Event	Total Number	Number of Preventable
2222 calls	24	2
Cardiac Arrests	3 outside ICU	
Respiratory Arrests	6	1
Unplanned admissions to ITUs	4	
Unplanned admissions from Bear to CICU	7	

Narrative / comments:  
Although we had a large number of calls this month, 7 calls were from Badger for 2 patients with Acute Life Threatening Event's (ALTE's) and 4 calls were from Koala for patient with complex seizures.

#### 4.6 Numbers of safety incidents reported about inadequate nurse staffing levels

There were 6 Datix submitted by staff regarding shortages of nurse in August.

Date	Ward	Issue / Narrative / Action taken
27/08/2016	Fox Ward	3 patients should have been 1:1 due to high dependency needs however due to short staffing and only having 3 registered nurses, 2x nurses had to take a patient load of 3:1 and 1x nurse had a patient load of 2:1 with only 1 health care assistant to help the whole unit. We prioritised care, did not take our contracted breaks.
01/08/2016	Badger ward	Ward very understaffed today leaving members of staff with a very busy workload that resulted in the ward being very chaotic and staff weren't able to support each other. I personally as a band 5 nurse was left with 5 patients which was a very heavy workload which very quickly exculpated to a chaotic environment. Senior members of staff off the ward were contacted to support the more junior members to ensure patient safety. CIVAS was contacted several times regarding getting patients medication up to the ward.

<b>19/08/2016</b>	Koala Ward	The shift was short staffed with a poor skill mix. 3 newly qualified nurses, an agency nurse and an agency new HCA were split across the zones with HDU patients that had been moved out of the bay for infection reasons. The nurse in charge was excellent but there is only so much that she could do to support everyone else and I feel that this left the ward unsafe. Personally, I had been IV competent for 2 days and was given a complex IV heavy caseload and without much support found it very hard to manage. What made the situation a risk was that the HDU bays had been filled with more HDU patients than the shift had staff to care for taking into account the movement of patients from the HDU bay into the corridors and being generally short staffed with a low mix of skills.
<b>13/08/2016</b>	Elephant ward	Ward short staffed and unable to provide the best standard of care - based on dependency of patients. Dependency of patients did not match the staffing level. Two elephant staff and nurse from penguin ward, two HCA's - one elephant and one from PP. Everyone aware of the situation - across department staff was 'tight'. Night staff tried to do any drugs early, complete once daily paper work to take pressure of us on the day. ICI cover on for the day helped out within the ward and across the unit and stayed late. Other units within hospital offered to help cover breaks.
<b>31/08/2016</b>	Woodpecker	Inadequate staff on Woodpecker to bring patient to theatre for a very busy craniofacial list. Recurrent problem.
<b>17/08/2016</b>	Woodpecker	Woodpecker inadequately staffed to bring a patient to craniofacial theatre therefore list start delayed and parents left without support

#### 4.7 Pals concerns raised by families regarding nurse staffing – 0

The Trust received no PALs referrals in regards to nurse safe staffing for August 2016:

#### 4.8 Complaints received regarding nurse safe staffing – 0

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

#### 4.9 Friends and family test (FFT) data

Overall response rate for August 2016 has decreased to 17.2% (data extracted 13/09/2016) compared to 22% in July 2016. The target response rate is currently 60%.

- The overall percentage to recommend score is 98.4% (data extracted 13/09/2016).
- Families that were extremely likely to recommend GOSH to their friends and family equalled 90% (470) and 8% (42) responded as likely to recommend in August 2016 compared with 89% (593) and 8% (54) in July 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 Unlikely	Kingfisher	All the nurses on the ward were extremely understanding and helpful but there was a lot of miscommunication between myself as well as the doctors and the consultants and also the theatre staff. This caused extremely stress



		and expensive and upsetting not only for me but for my family too. I have never had an experience like this at GOSH and I am extremely disappointed and upset in all the things that have happened today. – (name and contact details of parents provided)
Extremely Unlikely	Kingfisher	My son is an outpatient appointment for 9am we arrive at 08.45am for GFR. at 09.45am we still haven't been seen. Nurses are sitting around we have another appointment at 10.00am elsewhere, Why does this hospital do this every year? apparently our GFR Nurse has gone on her break. This happens every year when he has his GFR and we come back for blood to be taken we cannot pin down a nurse to do it as they are always too busy. we are such an inconvenience to you all I cannot wait until we change hospitals and do not have to come back here. NO I don't recommend this department for our day case Appointment – (name and contact details of parents provided)
Likely	Respiratory Sleep Unit	Staff were friendly enough and opened the ward on time, however 7.30pm was past my baby's sleep time and she was extremely overtired and hysterical by the time she was all connected. Perhaps the cutting of tape and undoing of the cords could all be done in advance. The staff member gave me back my low-flow oxygen gauge but didn't connect her oxygen which we only realised.
Likely	Fox	One thing that is a constant disappointment is the response time of the tissue viability group. They take weeks to see the patient. When we finally found a nappy cream that works we were unable to get it again as they would not return calls. Only if a nurse happened to see them, she could get the cream from them. Tissue Viability is not specific to Fox 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	We have spent 4 nights on Koala after our sons neurosurgery. From the moment we arrived the care not only for our son but ourselves during this very emotional time has been first class. The experienced nursing staff are caring and professional and personable. they answered on questions (many!) completely and to know that some of the post-op situations our son was experiencing was normal is very reassuring. All of the staff are a credit to the ward but special credit to (staff name) + (staff name) who looked after our son on the first night.
Extremely Likely	Urodynamics	very helpful staff I feel listened to as a parent any questions I have they are willing to listen and answer. Also makes my child feel relaxed he's always happy to come which helps they also take time to listen to him they explain what's going on and what's going to happen next.
Extremely Likely	Walrus	GOSH always has and continues to be a fantastic hospital. The staff are always do their utmost to provide clear expectations to both children and parents. We have felt informed and care for on Walrus ward, and Claire was fantastic in the way she dealt with our son. Thank you very much.
Extremely Likely	Clinical Research Facility	Everything about this hospital is amazing. I have no complaints what so ever. All staff is welcoming and friendly. As soon as you walk in you see smiles everywhere, and you don't feel like leaving. When you're at GOSH you are seen as a part of the family.

## 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 commencement of the Band 2 Healthcare Support Worker training programme
- 6.6 The national reporting of CHPPD.

# Appendix 1: UNIFY Safe Staffing Submission – August 2016

Only complete sites your organisation is accountable for				Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)				
Hospital Site Details		Ward name	Main 2 Specialities 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 (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/nurses	Care Staff	Overall
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Speciality 1	Speciality 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 CEN	Badger Ward	340 - RESPIRATORY MEDICINE		2345	2517	347	126.5	2087	1962.5	347	120.2	107.3%	36.5%	94.0%	34.6%	353	12.7	0.7	13.4
RP401	GREAT ORMOND STREET HOSPITAL CEN	Bear Ward	170 - CARDIOTHORACIC SURGERY	321 - PAEDIATRIC CARDIOLOGY	2838	3079.45	618	817.5	2838	2753.95	354	405.2	108.5%	132.3%	97.0%	114.5%	670	8.7	1.8	10.5
RP401	GREAT ORMOND STREET HOSPITAL CEN	Flamingo Ward	192 - CRITICAL CARE MEDICINE		7038	7101.75	356	226.15	6635	6732.53	218	97.2	100.9%	63.5%	101.5%	44.6%	575	24.1	0.6	24.6
RP401	GREAT ORMOND STREET HOSPITAL CEN	Miffy Ward (TCU)	340 - RESPIRATORY MEDICINE		680	783.5	1020	955	680	623.3	680	855.9	115.2%	93.6%	91.7%	125.9%	143	9.8	12.7	22.5
RP401	GREAT ORMOND STREET HOSPITAL CEN	Neonatal Intensive Care Unit	192 - CRITICAL CARE MEDICINE		3208	3471.07	356	69	3208	2946.2	0	54	108.2%	19.4%	91.8%	-	239	26.9	0.5	27.4
RP401	GREAT ORMOND STREET HOSPITAL CEN	Paediatric Intensive Care Unit	192 - CRITICAL CARE MEDICINE		6060	6297.25	356	161	6060	5364.75	356	129.6	103.9%	45.2%	88.5%	36.4%	394	29.6	0.7	30.3
RP401	GREAT ORMOND STREET HOSPITAL CEN	Elephant Ward	370 - MEDICAL ONCOLOGY	823 - HAEMATOLOGY	1581	1645.5	333	340.54	1333	1287.4	333	419.95	104.1%	102.3%	96.6%	126.1%	368	8.0	2.1	10.0
RP401	GREAT ORMOND STREET HOSPITAL CEN	Fox Ward	303 - CLINICAL HAEMATOLOGY	313 - CLINICAL IMMUNOLOGY and ALLERGY	2012	1590.25	335	253	1882	1383.9	335	275.6	79.0%	75.5%	73.5%	82.3%	290	10.3	1.8	12.1
RP401	GREAT ORMOND STREET HOSPITAL CEN	Giraffe Ward	313 - CLINICAL IMMUNOLOGY and ALLERGY	350 - INFECTIOUS DISEASES	1062	1153	354	283	1062	812.8	354	258	108.6%	79.9%	76.5%	72.9%	205	9.6	2.6	12.2
RP401	GREAT ORMOND STREET HOSPITAL CEN	Lion Ward	370 - MEDICAL ONCOLOGY	303 - CLINICAL HAEMATOLOGY	1669	1393.2	352	448.5	1408	891.9	352	340.95	83.5%	127.4%	63.3%	96.9%	307	7.4	2.6	10.0
RP401	GREAT ORMOND STREET HOSPITAL CEN	Penguin Ward	330 - DERMATOLOGY	410 - RHEUMATOLOGY	967	986.55	352	552	705	562.7	352	54.7	102.0%	156.8%	79.8%	15.5%	154	10.1	3.9	14.0
RP401	GREAT ORMOND STREET HOSPITAL CEN	Robin Ward	350 - INFECTIOUS DISEASES	313 - CLINICAL IMMUNOLOGY and ALLERGY	1637	1576.52	285	573.75	1426	1042.15	285	434.25	96.3%	201.3%	73.1%	152.4%	224	11.7	4.5	16.2
RP401	GREAT ORMOND STREET HOSPITAL CEN	Bumblebee Ward	171 - PAEDIATRIC SURGERY	420 - PAEDIATRICS	2492	2033.92	356	897	2136	2120.05	712	828.7	81.6%	252.0%	99.3%	116.4%	574	7.2	3.0	10.2
RP401	GREAT ORMOND STREET HOSPITAL CEN	Butterfly Ward	370 - MEDICAL ONCOLOGY	420 - PAEDIATRICS	2754	2199.5	344	832	2066	1419.5	344	375.3	79.9%	241.9%	68.7%	109.1%	419	8.6	2.9	11.5
RP401	GREAT ORMOND STREET HOSPITAL CEN	Eagle Ward	361 - NEPHROLOGY		2300	1947.5	709	450	1419	1286.3	354	265.5	84.7%	63.5%	90.6%	75.0%	375	8.6	1.9	10.5
RP401	GREAT ORMOND STREET HOSPITAL CEN	Kingfisher Ward	420 - PAEDIATRICS		1817	1609.45	931	515	349	294.4	0	21.6	88.6%	55.3%	84.4%	-	167	11.4	3.2	14.6
RP401	GREAT ORMOND STREET HOSPITAL CEN	Rainforest Ward (Gastro)	301 - GASTROENTEROLOGY		977	1253.8	713	287.5	713	654.25	713	281.15	128.3%	40.3%	91.8%	39.4%	222	8.6	2.6	11.2
RP401	GREAT ORMOND STREET HOSPITAL CEN	Rainforest Ward (Endo/Met)	302 - ENDOCRINOLOGY		1069	1040.2	713	230	1069	713.6	356	243.2	97.3%	32.3%	66.8%	68.3%	200	8.8	2.4	11.1
RP401	GREAT ORMOND STREET HOSPITAL CEN	Mildred Creak	711 - CHILD and ADOLESCENT PSYCHIATRY		1108	1179.55	622	549.7	503	399.6	488	293.7	106.5%	88.4%	79.4%	64.1%	267	5.9	3.2	9.1
RP401	GREAT ORMOND STREET HOSPITAL CEN	Koala Ward	150 - NEUROSURGERY	421 - PAEDIATRIC NEUROLOGY	3147	3305.8	331	583	3061	2657.3	331	175.2	105.0%	176.1%	86.8%	52.9%	596	10.0	1.3	11.3
RP401	GREAT ORMOND STREET HOSPITAL CEN	Peter Pan Ward	120 - ENT	160 - PLASTIC SURGERY	1566	1138.5	608	310.92	1476	1080.4	0	90.6	72.7%	51.1%	73.2%	-	302	7.3	1.3	8.7
RP401	GREAT ORMOND STREET HOSPITAL CEN	Sky Ward	110 - TRAUMA & ORTHOPAEDICS	171 - PAEDIATRIC SURGERY	1796	1717.5	625	703.8	1755	1528.4	0	11.5	95.6%	112.6%	87.1%	-	371	8.7	1.9	10.7
RP401	GREAT ORMOND STREET HOSPITAL CEN	Squirrel Ward	171 - PAEDIATRIC SURGERY	101 - UROLOGY	2952	2363.47	696	644.5	2649	2256.27	0	151.9	80.1%	92.6%	85.2%	-	518	8.9	1.5	10.5

Appendix 2: Overview of Ward Nurse Staffing – August 2016

Speciality	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
CardioRespiratory	Badger	15	39.5	39.0	0.5	7.5	5.0	2.5	47.0	3.0	1.7	1.3	7.0	3.0	0	0.4
	Bear	24	53.5	52.0	1.5	9.0	6.0	3.0	62.5	4.5	5.8	-1.3	10.0		0	0.1
	Miffy (TCU)	5	14.1	12.9	1.2	10.4	10.0	0.4	24.5	1.6	5.0	-3.4	3.0	1.0	0	0.2
Critical Care	Flamingo	17	121.0	109.0	12.0	10.8	6.0	4.8	131.8	16.8	21.0	-4.2	18.0		0	0.0
	NICU	8	51.5	41.2	10.3	5.2	2.0	3.2	56.7	13.5	9.6	4.0	4.0		0	0.0
	PICU	13	83.1	85.4	-2.3	8.9	1.0	7.9	92.0	5.6	5.2	0.4	11.0		0	0.0
Haematology/Oncology/Dermatology/Rheumatology	Elephant	13	25.0	19.0	6.0	5.0	3.5	1.5	30.0	7.5	5.6	1.9	4.0		0	0.8
	Fox	10	31.0	22.8	8.2	5.0	5.0	0.0	36.0	8.2	4.3	3.9	4.0	1.0	0	0.6
	Giraffe	7	19.0	19.0	0.0	3.1	2.0	1.1	22.1	1.1	2.3	-1.2	4.0	1.0	0	0.0
	Lion	11	22.0	17.8	4.2	4.0	3.0	1.0	26.0	5.2	3.6	1.6	3.0		0	0.1
	Penguin	9	15.5	13.0	2.5	5.8	5.8	0.0	21.3	2.5	2.0	0.5	2.0	1.0	0	0.1
	Robin	10	27.2	19.7	7.5	4.5	4.6	-0.1	31.7	7.4	5.7	1.7	4.0		0	2.0
IPP	Bumblebee	21	38.3	33.3	5.0	9.7	13.0	-3.3	48.0	1.7	9.8	-8.1	2.0		0	0.0
	Butterfly	18	37.2	24.0	13.2	10.5	10.0	0.5	47.7	13.7	6.0	7.7	6.0		0	0.6
MDTS	Eagle	21	39.5	33.6	5.9	10.5	10.0	0.5	50.0	6.4	3.4	3.1	4.0	1.0	0	0.1
	Kingfisher	16	17.1	12.2	4.9	6.2	3.9	2.3	23.3	7.2	2.9	4.3	6.0		0	0.0
	Rainforest Gastro	8	17.0	14.9	2.1	4.0	3.5	0.5	21.0	2.6	1.7	0.9	2.0	0.0	0	0.0
	Rainforest Endo/Met	8	15.6	12.8	2.8	5.2	4.5	0.7	20.8	3.5	2.3	1.2	2.0	2.0	0	0.0
Neurosciences	Mildred Creak	10	11.8	13.1	-1.3	7.8	7.6	0.2	19.6	-1.1	0.2	-1.3	0.0		0	0.2
	Koala	24	48.2	40.0	8.2	7.8	6.0	1.8	56.0	10.0	5.7	4.3	16.0	1.0	0	1.7
Surgery	Peter Pan	16	24.5	22.3	2.2	5.0	6.0	-1.0	29.5	1.2	2.3	-1.1	2.0	1.0	0	0.3
	Sky	18	31.0	24.6	6.4	5.2	5.0	0.2	36.2	6.6	1.4	5.2	3.0	3.0	0	2.2
	Squirrel	22	43.6	39.8	3.8	7.0	8.0	-1.0	50.6	2.8	5.3	-2.5	1.0		0	0.5
<b>TRUST TOTAL:</b>		<b>324</b>	<b>826.2</b>	<b>721.4</b>	<b>104.8</b>	<b>158.1</b>	<b>131.4</b>	<b>26.7</b>	<b>984.3</b>	<b>131.5</b>	<b>112.6</b>	<b>18.9</b>	<b>118.0</b>	<b>15.0</b>	<b>0.0</b>	<b>9.9</b>

### Appendix 3: Care Hours Per Patient Day (CHPPD)

