Trust Board March 2016	
Safe Nurse Staffing Report for February 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.

- 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?

Divisional Management Teams
Finance Department

Who is responsible for implementing the proposals / project and anticipated timescales?

Chief Nurse; Assistant Chief Nurse, Heads of Nursing

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

Chief Nurse; Divisional Management Teams

GOSH NURSE SAFE STAFFING REPORT

February 2016

1. Introduction

1.1 This report on GOSH Safe Nurse Staffing contains information from the month of February 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 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 February is attached as Appendix 1. The spreadsheet contains:

- Total monthly planned staff hours; the Heads of Nursing provide this figure based on the agreed average safe staffing level for each of their wards. These figures are fixed i.e. do not alter month on month. Bed closure information is used to adjust the planned staffing levels. A short term change in acuity and dependency requiring more or fewer staff is not reflected in planned hours but in the actual hours.

- Total monthly actual staff hours worked; this information is taken from the electronic rostering system (RosterPro), and includes supervisory roles, staff working additional hours, CNS shifts, 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:

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

- The overall Trust fill rate % for February is:

RN Day	RN Night	HCA Day	HCA Night	Total Fill Rate
105.9%	91.1%	95.3%	63.3%	91.7%

ICI – No unsafe shifts reported in February
• HCA' s have been move within the division due to an increase in sickness across Fox, Giraffe, Lion, Robin and Penguin and vacancies on Fox and Robin.
• Elephant and Penguin have had a rise in the dependency of patients.

Surgery - No unsafe shifts reported in February
• The variance in HCA's is due to staff being moved from days to nights which is not currently part of planned staff hours and one member staff reducing their hours recently on Peter Pan.
• Beds closed on Sky ward due to nurse vacancies.

CCCR – No unsafe shifts reported in February
• The variance across all intensive care areas in care staff (CICU, PICU & NICU) is due to HCA's vacancies. NICU opened 2 additional beds to support an increase in patient activity, registered staff numbers reflect this.
• Miffy - More qualified nurses used due to lack of availability trachy vent competent HCA staff and HCA vacancies
• Bear – Additional staff required due to patient dependency and acuity – 10 high dependency patients plus a child requiring 1:1 nursing in a cubicle.
• Badger continues to have 2 x HCA's on maternity and one on long term sick and discrepancy in registered staffing is as a result of sickness, 1 x on secondment and another on a career break.

MDTS - No unsafe shifts reported in February
• Eagle's variance is due to high patient acuity and dependency which includes an unplanned Transplant and 2 x patients on an end of life pathway
• Kingfisher, Rainforest Gastro and Endo/Met is due to HCA vacancies and nurse vacancy on Rainforest Endo/Met, this will improve in March when newly recruited Nurse and HCA's commence.

Neurosciences - No unsafe shifts reported in February
• The difference is due to short notice sickness or vacancies which were covered by either swapped shifts, ward sister/CNS working clinically or bank staff and 2 non-registered staff working days as a HCA & a Patient Pathway co-ordinator.

IPP - No unsafe shifts reported in February
• Bumblebee continues to utilise HCAs to care for infants without resident parents and tracheostomy patients requiring 1:1 care.
• Butterfly Ward registered staffing at night reflects the patient cohort which was predominately Day Case Surgery and the moving of nursing staff to support patient dependency on Bumblebee. The increase in HCA's number is due the provision of additional support to long term patients and newly appointed staff working in a supernumerary capacity.

2.1.3 The Clinical Site Practitioners (CSPs) report that no wards were declared unsafe during February, however 2 shifts are noted where wards reported being short of staff but safety was not compromised.

3.0 General Staffing Information

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

3.0.2 9 (12 in January) out of 23 inpatient wards closed beds at various points during February. An average of 2.2 beds, were closed each day which is a significant improvement from February 2015 which had an average of 11.3 beds closed each day.

3.0.3 For the inpatient wards at March 1st registered and non-registered vacancies total 116 Whole Time Equivalents (WTE) increase from 91 in January. This breaks down to 88 (61 in January) registered nurse (RN) vacancies (10.6% of RN total) and HCA vacancies number 28 (29 in January), (18% of HCA total). Temporary nurses, mainly from GOSH Nurse Bank, employed on wards totalled 113 WTE, the February position was therefore a 3 net vacancy rate (10 in December and 1 in January). The slight increase in registered nurses vacancies is in keeping with seasonal trends however in comparison to February 2015 there has been a small decrease in overall vacancies despite the recent increase in establishments for CCCR.

3.1 Vacancies and Recruitment

3.1.1 There continues to be 28 HCA vacancies and there remain a significant number of unregistered (HCA) vacancies (15) across the ICU areas (12) and Neurosciences (3) where recruitment is still on hold pending local work on the education pathway and recruitment plans.

3.1.2 Of 52 Newly Registered Nurses who were recruited from the December and February Assessment Centres, 45 are to commence employment at the end of March with a further 7 with a delayed start date, due to pre-employments checks and on their successful completion of their nurse training. There are also 7 newly appointed HCA's due to start on inpatients ward across the Trust at the beginning on the 8th March 2016.

3.1.3 10 nurses will start the Newly Registered Rotation Programme planned for March 2016.

3.1.4 At the end of February, a meeting was held with purpose of gathering and sharing of ideas for developing a 5 year nurse recruitment and retention strategy which will include current recruitment & retention activity; Newly Qualified & experienced nurses' recruitment; trust, local, national & overseas/international recruitment; centralised & standardised recruitment; welcome, recruitment & retention packages; career pathways; service growth/expansion plans. This will interlinked with other work streams in the Trust and will be part of a wider programme.

3.1.5 42% (37) of RN vacancies in February are at band 6.

4. Key Challenges

- Recruitment and retention of HCAs.
- Recruitment of Band 6 Nurses.
- Retention of Band 5 and 6 Nurses.
- Recruitment of staff to meet plans for growth.

5. Key Quality and Safety Measures and Information

5.1 Hard Truths Commitments Regarding the Publishing of Staffing Data (Care Quality Commission, March 2014) states 'data alone cannot assure anyone that safe care is being delivered. However research demonstrates that staffing levels are linked to the safety of care and that fewer staff increases the risks of patient safety incidents occurring.' In order to assure the Board of safe staffing on wards the following nursing quality and patient experience information has been collated to demonstrate that the wards were safe during February 2016.

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

5.3 Infection control

Numbers of C diff's	5 (3 HAI, 2 CAI)
Number of MRSA bacteraemias	0
Number of MSSA bacteraemias	2 (1 HAI, 1 CAI)
Number of E.coli bacteraemias	1
Number of outbreaks and whether any beds closed	2 outbreaks, I vomiting on Peter Pan- control measures in place, 1 RSV B outbreak on Bumble-bee- ward closed (03/03/2016)
Carbapenemase-producing Entero-bacteriaceae	?1 (sent to reference lab for further testing)
Hospital acquired enteric virus infections	7
Hospital acquired viral respiratory infections	15

5.4 Pressure ulcers

Grade 3	0	
Grade 2	7	CICU x 5 (4 x ETT-avoidable, 1 x occipital –avoidable) Squirrel x 2 (heel, back – avoidable)

The number of pressure ulcers remains in line with previous months but higher than had been achieved in recent years. 4 of the pressure ulcers above refer to injuries from nasal

endotracheal tubes (NEET). A multidisciplinary working group is meeting to establish new working practice to reduce these incidences and increase educational awareness through the development of new prevention guidance. The new root cause analysis process is being used at present to investigate and implement action plans for all the above pressure ulcers. A trial of preventative dressings under NEET is also in progress.

5.5   **Deteriorating patient**

There were 7 2222 calls in February 2016, a reduction from the 16 in January. There was 1 cardiac arrest (considered not preventable) on Flamingo ward where sadly the child passed away. There were 3 respiratory arrests one of which may have been preventable. In addition there were 8 unplanned admissions to the Intensive care units. Reviews demonstrated that the majority of these cases were well managed with good observations and escalation of concerns about the patient's conditions.

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

There were 3 incidents reported by nursing staff regarding shortages of nurses or inadequate skill mix on shifts that resulted in delays in patient care such as administration of medications, placement of urinary catheters, turning of patients for pressure area care. These incidents occurred on Flamingo, Fox and Squirrel wards. The staffing was not felt to be unsafe but there was an adverse impact on patient care and experience.

5.7   **Pals concerns raised by families regarding nurse staffing - 0**

There were 7 referrals to Pals relating to 5 operations/procedures that were cancelled on the day, 1 cancelled admission and 1 concern from a parent that their child was deteriorating in the 10 weeks they had waited for admission. The Trust has been operating at maximum capacity with increased pressures from RTT and it is unclear from these referrals whether nursing staff numbers contributed to the concerns reported

5.8   **Complaints received regarding nurse safe staffing – 1**

The Trust received 1 formal complaint in February 2016 in relation to 'substandard' nursing care on Fox ward where the mother cited long delays in nursing staff responding to problems with their child's intravenous infusions and how these problems were resolved.

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

5.10   **Friends and family test (FFT) data**

Overall response rate for February 2016 has increased to 23.6% (data extracted 9/3/2016) compared to 22% in January 2015. The target response rate has increased to 60%.

- The overall percentage to recommend score is 98% (data extracted 9/3/2016).
- Families that were extremely likely to recommend GOSH to their friends and family equalled 87% (624) and 11% responded as likely to recommend compared with 88% (555) and 11% (69) in January 2016.

6.0   **Conclusion**

6.1   This paper seeks to provide the Board of Directors with the required overview and assurance that all wards were safely staffed against the Trust's determined safe staffing

levels during February, 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.

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

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

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

7.4   The on-going challenges in retaining and recruiting nurses and HCA's.

Appendix 1: UNIFY Safe Staffing Submission – February 2016

Only complete sites your organisation is accountable for	Main 2 Specialties on each ward		Day				Night				Day		Night	
			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 (%)
Ward 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				
Badger Ward	340 - RESPIRATORY MEDICINE		2235	2306.25	332	296.69	1994	2069	332	208	103.2%	89.4%	103.8%	62.7%
Bear Ward	170 - CARDIOTHORACIC SURGERY	321 - PAEDIATRIC CARDIOLOGY	2644	3274.2	570	700.5	2644	2939.5	330	291.6	123.8%	122.9%	111.2%	88.4%
Flamingo Ward	192 - CRITICAL CARE MEDICINE		6578	7106.55	333	342.95	6198	6327.1	195	87.1	108.0%	103.0%	102.1%	44.7%
Miffy Ward (TCU)	340 - RESPIRATORY MEDICINE		663	763.25	995	614	663	600.3	663	481.2	115.1%	61.7%	90.5%	72.6%
Neonatal Intensive Care Unit	192 - CRITICAL CARE MEDICINE		2983	3515	331	103.5	2983	2718.38	0	32.4	117.8%	31.3%	91.1%	-
Paediatric Intensive Care Unit	192 - CRITICAL CARE MEDICINE		5669	7021.9	333	230	5669	5633.15	333	151.2	123.9%	69.1%	99.4%	45.4%
Elephant Ward	370 - MEDICAL ONCOLOGY	823 - HAEMATOLOGY	1572	1578.82	332	414	1331	1147.3	332	340.4	100.4%	124.7%	86.2%	102.5%
Fox Ward	303 - CLINICAL HAEMATOLOGY	313 - CLINICAL IMMUNOLOGY and ALLERGY	1981	1732	330	181.9	1845	1467.5	330	174.2	87.4%	55.1%	79.5%	52.8%
Giraffe Ward	313 - CLINICAL IMMUNOLOGY and ALLERGY	350 - INFECTIOUS DISEASES	1000	1127	333	155.75	1000	772.4	333	164.8	112.7%	46.8%	77.2%	49.5%
Lion Ward	370 - MEDICAL ONCOLOGY	303 - CLINICAL HAEMATOLOGY	1575	1405.95	333	322	1334	1006.9	333	278.4	89.3%	96.7%	75.5%	83.6%
Penguin Ward	330 - DERMATOLOGY	410 - RHEUMATOLOGY	908	1104	333	584.35	667	616.7	333	64.85	121.6%	175.5%	92.5%	19.5%
Robin Ward	350 - INFECTIOUS DISEASES	313 - CLINICAL IMMUNOLOGY and ALLERGY	1831	1568.05	320	253	1600	1242.7	320	314.3	85.6%	79.1%	77.7%	98.2%
Bumblebee Ward	171 - PAEDIATRIC SURGERY	420 - PAEDIATRICS	2308	2507	329	540.5	1978	2232.4	659	530.35	108.6%	164.3%	112.9%	80.5%
Butterfly Ward	370 - MEDICAL ONCOLOGY	420 - PAEDIATRICS	2668	1919.5	333	724.55	2001	1135.45	333	282.2	71.9%	217.6%	56.7%	84.7%
Eagle Ward	361 - NEPHROLOGY		2095	2923.9	649	779.95	1299	1300.5	324	167.6	139.6%	120.2%	100.1%	51.7%
Kingfisher Ward	420 - PAEDIATRICS		1679	1772.95	862	526	312	379.4	0	66.9	105.6%	61.0%	121.6%	-
Rainforest Ward (Gastro)	301 - GASTROENTEROLOGY		908	1170.8	667	318	667	731.3	667	206.6	128.9%	47.7%	109.6%	31.0%
Rainforest Ward (Endo/Met)	302 - ENDOCRINOLOGY		994	1029.15	663	253	994	673.8	331	262.7	103.5%	38.2%	67.8%	79.4%
Mildred Creak	711- CHILD and ADOLESCENT PSYCHIATRY		1048	923.1	581	570.35	476	369.2	431	303.1	88.1%	98.2%	77.6%	70.3%
Koala Ward	150 - NEUROSURGERY	421 - PAEDIATRIC NEUROLOGY	3147	3054.15	333	434.5	3055	2783.5	333	75.6	97.0%	130.5%	91.1%	22.7%
Peter Pan Ward	120 - ENT	160 - PLASTIC SURGERY	1483	1449	575	379.5	1391	1229.5	0	78.4	97.7%	66.0%	88.4%	-
Sky Ward	110 - TRAUMA & ORTHOPAEDICS	171 - PAEDIATRIC SURGERY	1863	1867.9	651	694.5	1818	1594	0	57.5	100.3%	106.7%	87.7%	-
Squirrel Ward	171 - PAEDIATRIC SURGERY	101 - UROLOGY	2811	2933.01	665	576	2524	2402.42	0	197.6	104.3%	86.6%	95.2%	-

Appendix 2: Overview of Ward Nurse Staffing – February 2016

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	37.0	2.5	7.5	7.0	0.5	47.0	3.0	2.2	0.8	3.0		0	0.1
	Bear	24	53.5	47.2	6.3	9.0	11.4	-2.4	62.5	3.9	8.5	-4.6	6.0	0	0	0.2
	Flamingo	17	121.0	101.8	19.2	10.8	4.0	6.8	131.8	26.0	21.8	4.3	8.0	1	0	0.0
	Miffy (TCU)	5	14.1	11.4	2.7	10.4	8.0	2.4	24.5	5.1	4.5	0.6	1.0		0	0.0
	NICU	8	51.5	45.1	6.4	5.2	2.0	3.2	56.7	9.6	11.4	-1.8			0	0.1
	PICU	13	83.1	96.3	-13.2	8.9	3.0	5.9	92.0	-7.3	9.3	-16.6			0	0.0
ICI-LM	Elephant	13	25.0	19.0	6.0	5.0	3.9	1.1	30.0	7.1	4.1	3.0			0	0.0
	Fox	10	31.0	26.1	4.9	5.0	3.9	1.1	36.0	6.0	3.3	2.7			0	0.1
	Giraffe	7	19.0	17.0	2.0	3.1	3.1	0.0	22.1	2.0	1.0	1.0			0	0.0
	Lion	11	22.0	22.0	0.0	4.0	3.0	1.0	26.0	1.0	3.1	-2.1			0	0.0
	Penguin	9	15.5	13.5	2.0	5.8	5.8	0.0	21.3	2.0	1.6	0.5			0	0.0
	Robin	10	27.2	22.7	4.5	4.5	2.2	2.3	31.7	6.8	3.9	2.9			0	0.4
IPP	Bumblebee	21	38.3	33.2	5.1	9.7	9.0	0.7	48.0	5.8	9.7	-3.9	1.0	1	0	0.3
	Butterfly	18	37.2	27.4	9.8	10.5	9.9	0.6	47.7	10.4	4.1	6.3	0.0	0	0	0.0
MDTS	Eagle	21	39.5	33.5	6.0	10.5	11.0	-0.5	50.0	5.5	3.1	2.4	0.0	3	0	0.4
	Kingfisher	16	17.1	14.2	2.9	6.2	4.9	1.3	23.3	4.2	1.1	3.2			0	0.0
	Rainforest Gastro	8	17.0	14.9	2.1	4.0	4.5	-0.5	21.0	1.6	1.1	0.5			0	0.0
	Rainforest Endo/Met	8	15.6	12.6	3.0	5.2	3.5	1.7	20.8	4.7	1.8	2.9	3.0		0	0.0
Neurosciences	Mildred Creak	10	11.8	11.2	0.6	7.8	6.4	1.4	19.6	2.0	0.5	1.5			0	0.0
	Koala	24	48.2	40.6	7.6	7.8	6.0	1.8	56.0	9.4	7.7	1.7			0	0.0
Surgery	Peter Pan	16	24.5	21.3	3.2	5.0	5.0	0.0	29.5	3.2	1.3	1.9	3.0		0	0.0
	Sky	18	31.0	25.2	5.8	5.2	5.0	0.2	36.2	6.0	4.2	1.8	3.0		0	0.5
	Squirrel	22	43.6	44.7	-1.1	7.0	7.0	0.0	50.6	-1.1	4.7	-5.8	3.0		0	0.1
	TRUST TOTAL:	324	826.2	737.9	88.3	158.1	129.5	28.6	984.3	116.9	113.7	3.2	31.0	5.0	0.0	2.2