

Trust Board January 2017	
Safe Nurse Staffing Report for November and December 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 for the first time in this monthly report patient acuity data.	
Action required from the meeting The Board is asked to note: <ul style="list-style-type: none"> • 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. 	
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 <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.	
Financial implications Already incorporated into 16/17 Division budgets	
Who needs to be told about any decision? Divisional Management Teams Finance Department Workforce Planning	
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	

1. Introduction

- 1.1 This report on GOSH Safe Nurse Staffing contains information from the month of November and December 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 The purpose of the report is to evidence and assure the Trust Board that the nurse staffing levels provided across inpatient wards are appropriate to meet patient care requirements and are in line with the agreed planned staffing levels following review and presentation to the Trust Board in February 2017.
- 1.4 Monthly ward nurse staffing updates are submitted to NHS England and the Trust Board with the following information:
 - The number of staff on duty the previous month compared to planned staffing levels.
 - 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.
 - The reporting of Care Hours per Patient Day (CHPPD).
 - 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 November and December is attached as Appendix 1 and 2. The spreadsheets contain:
 - Total monthly planned staff hours; the Divisional Assistant Chief Nurses and Matrons provide this figure based on the agreed average safe staffing level for each of their wards. These figures are fixed ie 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 November and December are:

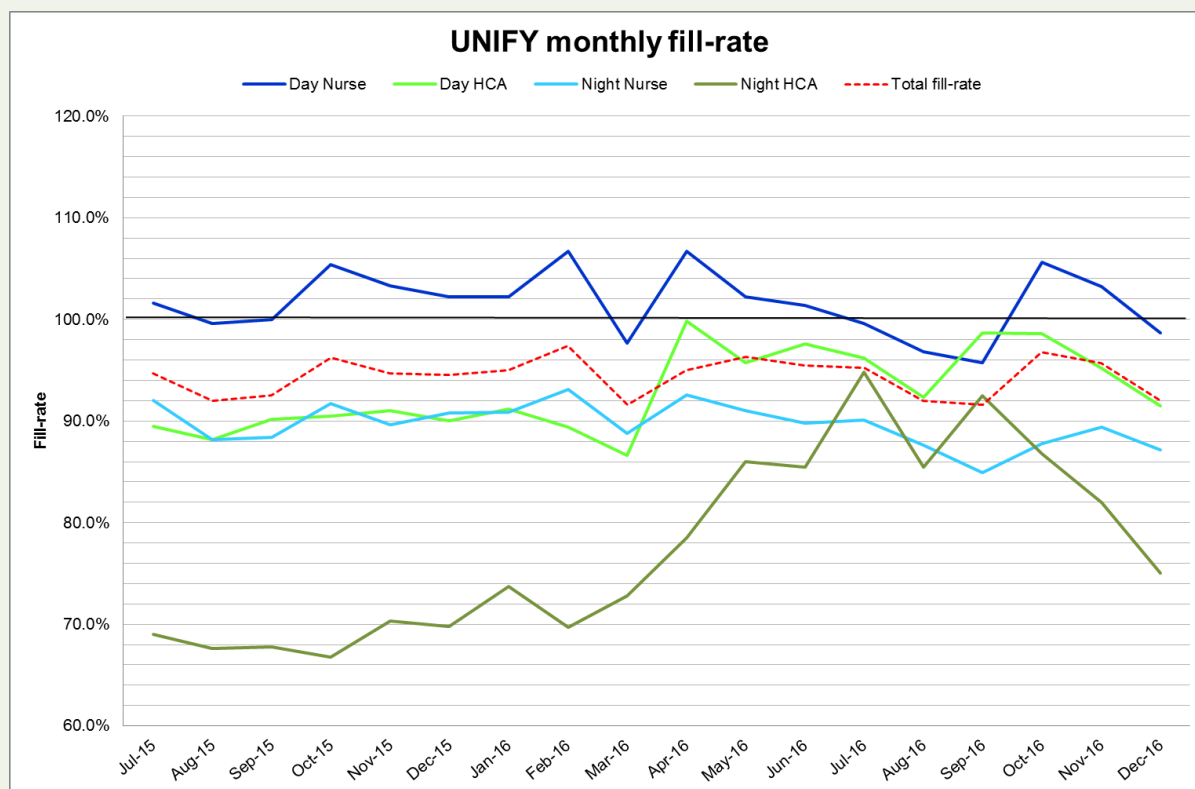
	RN Day	RN Night	HCA Day	HCA Night	Total Fill Rate
October	105.6%	87.8%	98.6%	86.8%	96.8%
November	103.2%	89.4%	95.2%	82.0%	95.7%
December	98.7%	87.2%	91.5%	75.0%	92.0%

Comment:

Since September there has been a decline in the fill rate for both registered nurses and care staff and in particular for care staff at night, total fill rates are over 90% though RN and HCA fill rates are below 90%.

There are a number of assessment centres planned for January and March 2017 to recruit Band 5s and Talent for Care (Band 2-4s).

The Trust Open day is taking place in February 2017. This day and the assessment centres have been bought forward earlier than in previous years to ensure we are one of the first Trusts to be offering jobs to the NQNs qualifying in September 2017.



Charles West , IPP and JM Barrie - no unsafe shifts reported in November and December

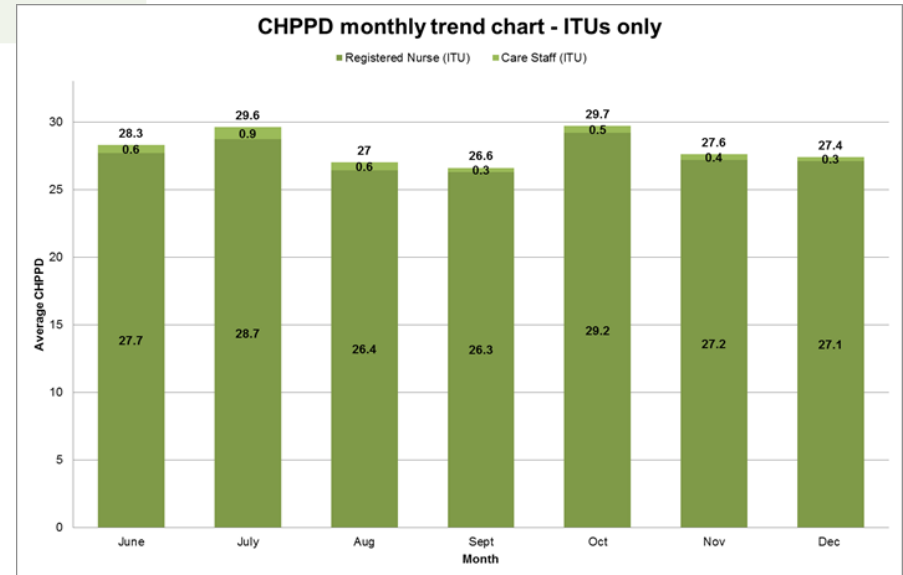
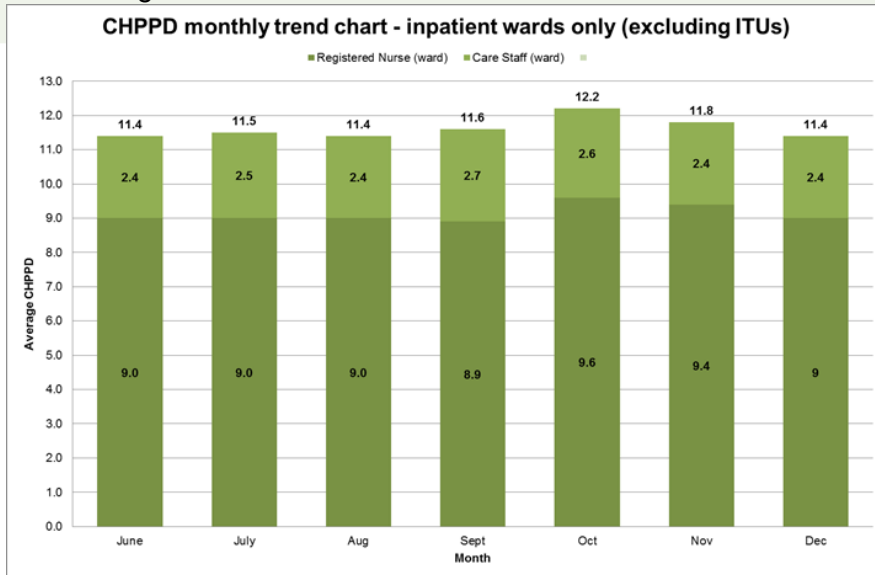
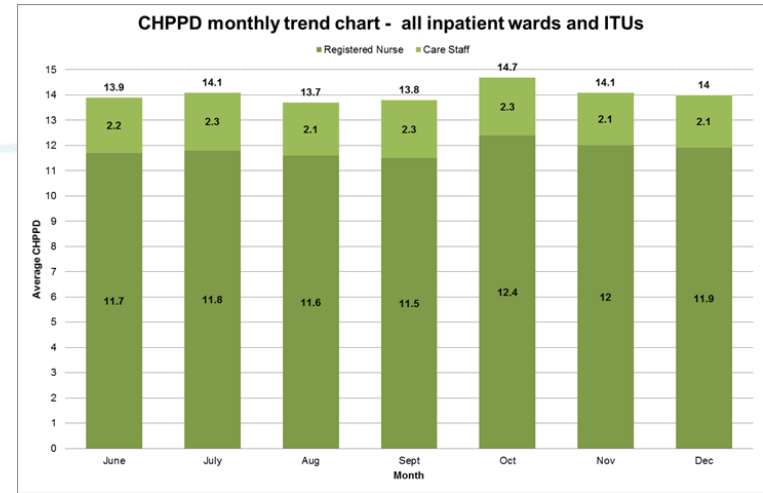
Charles West	November	December
Badger	Below 90% on registered staff which relates to there being a number of Band 5 and Band 6 vacancies that we are actively recruiting into. Above 110% due to over recruitment of band 2s	Below 90% on registered with continued vacancies at Band 5 and Band 6. Active recruitment is taking place.
Bear	Over on registered staff as a significant number of NQNs requiring additional support and a number still awaiting NMC PINs.	Slightly over on registered as 2 NQNs still awaiting PINs so their shifts had to be covered by Bank.
Miffy (TCU)	Below the 90% registered due to band 5 vacancies and short term sickness. Bank shifts being covered by trachostomy competent Band 3s as feasible.	Continued high sickness rates with registered nurses
Neonatal Intensive Care Unit	Very low fill rates for care staff due to having a small established post with a number of vacancies. Planned recruitment taking place in January 2017.	Continued vacancies in Band 3s.
Paediatric Intensive Care Unit	Over capacity with 17 filled beds on occasions requiring additional registered staff, increase in short-term staff sickness. Plans to recruit to band 3 posts.	Recruitment for Band 3s taking place in Jan 2017.
Elephant	Fill rate under for care staff at night due to a higher demand to cover the days	Patient activity down over the Christmas period, staff moved across the wards to cover high levels of sickness
Fox		
Giraffe		
Lion		
Robin		
Penguin	Over the variation as ambulatory day case staff are counted in the total numbers. Discussing with finance to see if this can be rectified .On this basis the figures need to be viewed with care	
IPP	November	December
Butterfly	High fill rate for the Band 3 HCA role as the ward has been unable to fill all bank shifts with registered nurses and therefore covered shifts with Bank HCAs. The ward also had increased numbers of ward attenders and day-case requiring Chemotherapy requiring more registered nurses on the day shifts	Continued to use Bank HCAs to cover unfilled RN Bank shifts

Bumblebee	High fill rate for the Band 3 HCA to care for children with Tracheostomies requiring 1:1 care role.	Continued to use Bank HCAs to cover unfilled RN Bank shifts
Hedgehog		Hedgehog merged with Bumblebee over the Christmas 2016/New Year period because of reduced activity. Staff used to cover Butterfly and Bumblebee as required.
JM Barrie	November	December
Sky	The variation of 144.5% for registered nurses to care for 3 patients trache/vented who required 1:1 nursing care	For one week the ward was declared poorly staffed shifts due an increase in activity, acuity, and poor staff skill mix. This was assessed twice daily and staff were redeployed from other areas to cover.
Rainforest Gastro	Vacancies for band 6 and unqualified accounts for the variance. Activity has been reduced so the ward was not unsafe	Continued vacancies at Band 3s
Kingfisher	Day qualified staff < 90% due to staff sickness. Staff were moved around from days to cover the night shifts. The days were covered with CNS and PE input. 6 Staff nurses were also supernumerary during this period.	Average fill rate for qualified staff under the 10% tolerance rate due to 6 new starters commencing October 2016 still needing to complete competencies. The Practice Educator worked closely with these nurse to teach and support them for competency sign off in January 2017.
Eagle		Average fill rate for qualified staff on both day and nights were slightly under the 10% tolerance due to new starters being supernumerary and gaining competence.
Koala	Registered nursing of 85.9% is due to a mixture of vacancies, sickness and staff needing to swap from nights to days to cover shifts,	Koala's care staff were high on days and low on nights as they are required to cover day shifts on Cupcake. No shifts were declared unsafe.
Rainforest Endo/Met	Higher number of registered staff required as dependency of children was high. Vacant HCA shifts not covered by Bank	Continued high acuity of children requiring additional staffing
Peter Pan	Registered staff required for an increase in tracheostomy patients.	

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.

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 but as a Trust we are attending a number of national meetings to understand how we can use CHPPD as a productivity and efficiency measure and how this measure can be used to inform ward nursing establishments.



2.1.4 Unsafe shift - 0

The Clinical Site Practitioners (CSPs) confirm that no ward was declared unsafe in November and December. 5 shifts were reported as being short of staff but safety was not reported to be compromised.

2.2 PANDA and Bed Utilisation

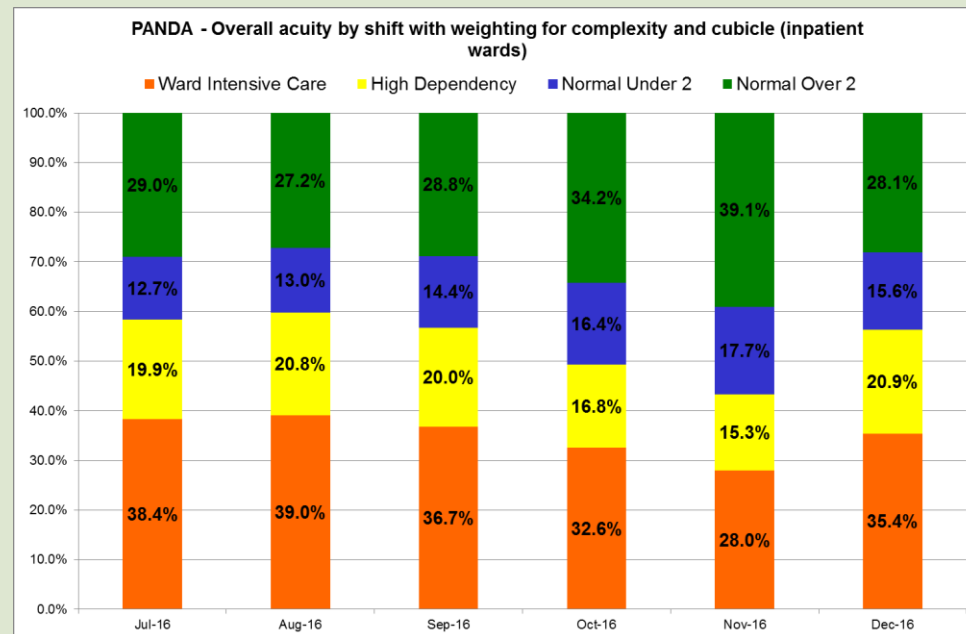
2.2.1 PANDA

Comments:

This is the first time this data has been included in this monthly safe staffing report. The plan is to map this data on a monthly basis to identify any significant changes in patient acuity and to ensure this data is regularly triangulated against monthly nurse staffing fill rates.

This data shows the breakdown of patient acuity including:
Ward intensive care - requiring 1:1 nurse to patient ratio, high dependency care (HDU) - requiring 1:2 ratio, normal care of under 2yrs - 1.3 ratio, and over 2yrs - 1.4 ratio.

For December there was an increase in both ward intensive care and HDU level of care compared to both October and November though the levels were similar to the acuity that were recorded for July and August 2016.

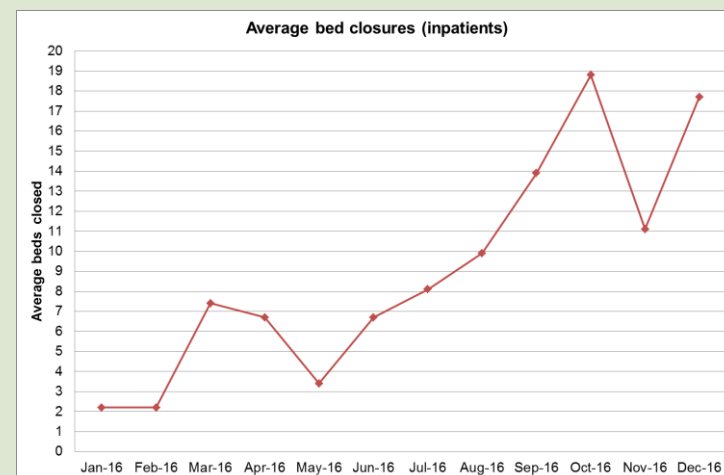


2.2.2 Bed closures

Comments:

Since May 2016 there has been a steady rise in the number of beds closed every month. A number of these closures have been due to staff shortages over the summer and for planned works to take place in IPP.

The increase in December relates to a number of beds being closed for infection control purposes with an outbreak of Noro virus and an increase in respiratory infections.



2.3 Vacancies and Recruitment

Comments:

During November and December the Trust has recruited:

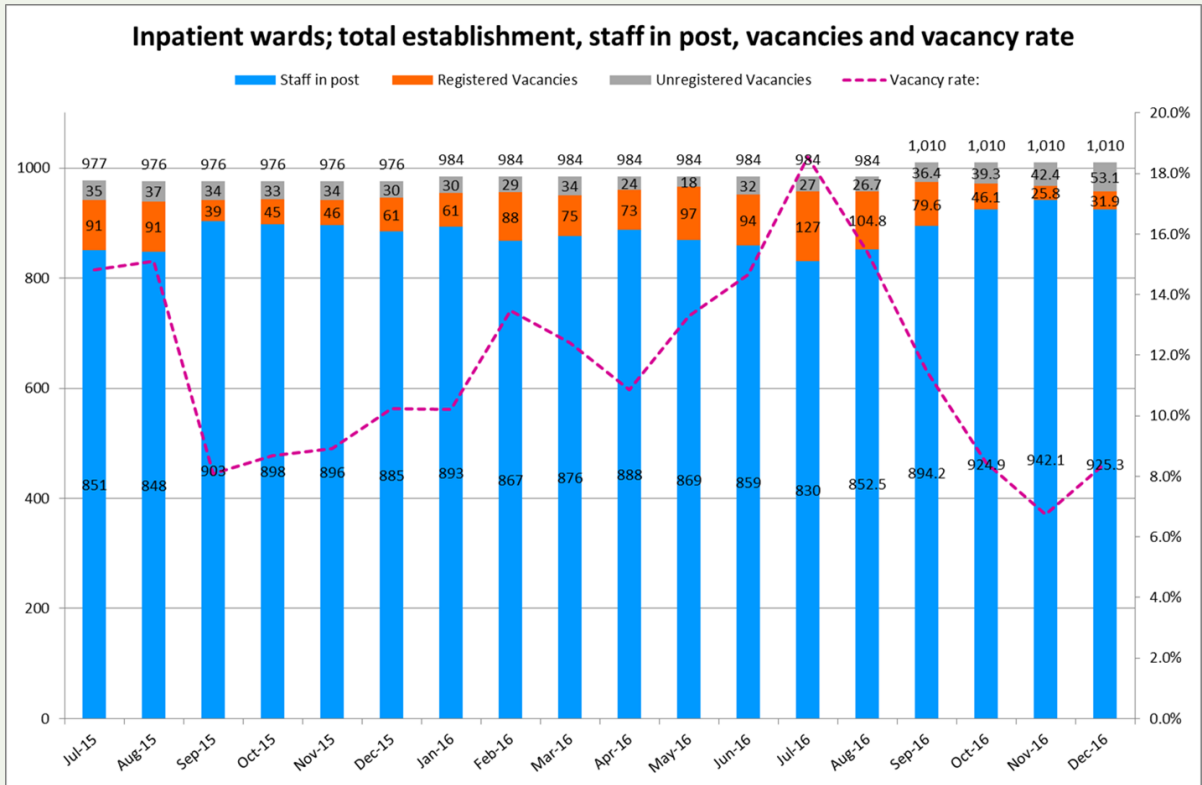
- 48 New Qualified Nurses
- 17 Experienced Band 5s
- 8 Band 6s

New Starters joining the Trust in November and December:

- 18 Band 2-4
- 7 Band 5s
- 8 Band 6s

Leavers over this period:

- 13.6 Band 2-4s
- 24 Band 5s
- 9.5 Band 6s
- 5 Band 7s



2.3.1 Key Challenges:

Recruitment of experienced Band 5 and Band 6 Nurses.

Retention of Band 5 and 6 Nurses.

Better understanding of how to use CHPPD as an efficiency and productivity measure.

3. Key Quality and Safety Measures and Information

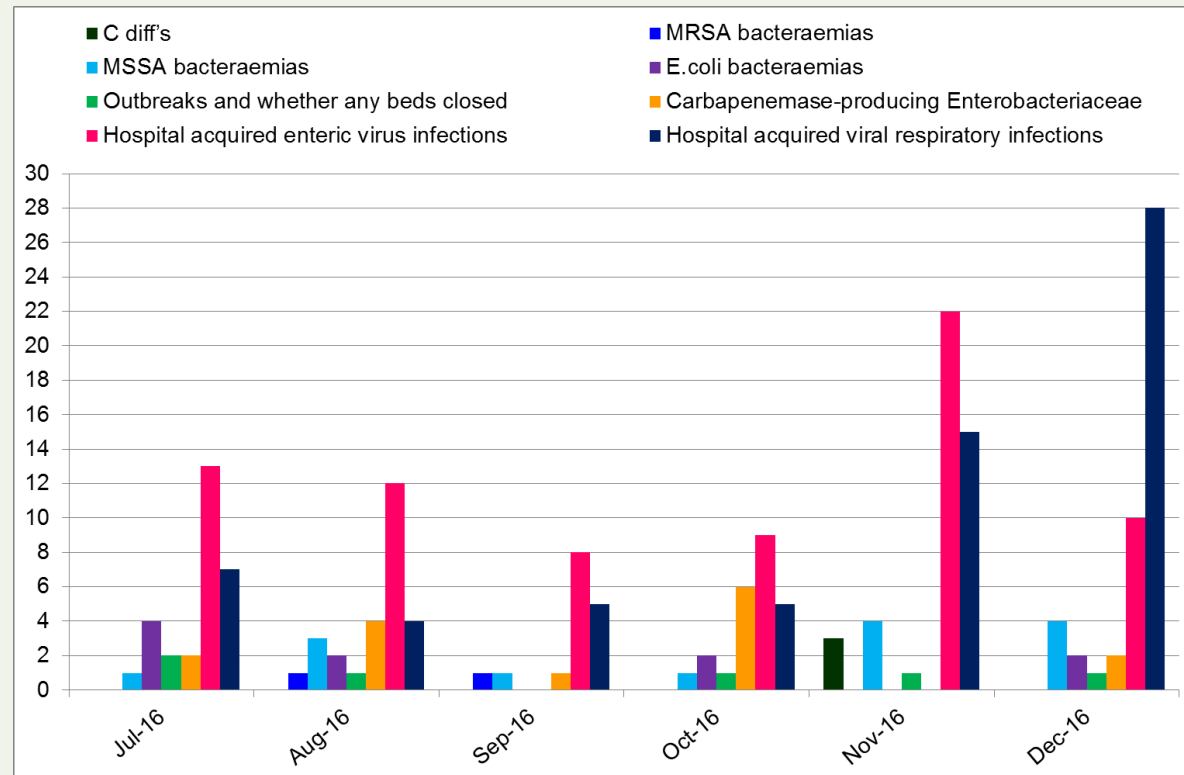
- 3.1 Hard Truths Commitments Regarding the Publishing of Staffing Data (Care Quality Commission, March 2014) states ‘data alone cannot assure anyone that safe care is being delivered. However research demonstrates that staffing levels are linked to the safety of care and that fewer staff increases the 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.
- 3.2 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.

3.1.1 Infection Control:

Comments:

During November and December there was the expected seasonal rise in both enteric and respiratory viral infections.

There has also been a rise in MSSA bacteraemias. This data has been discussed at the Nursing Board meeting with the senior nurses in January. Further discussions are needed to confirm the best way to flag to ward sisters and Matrons if there are concerns in these areas and what actions need to be taken to improve performance.

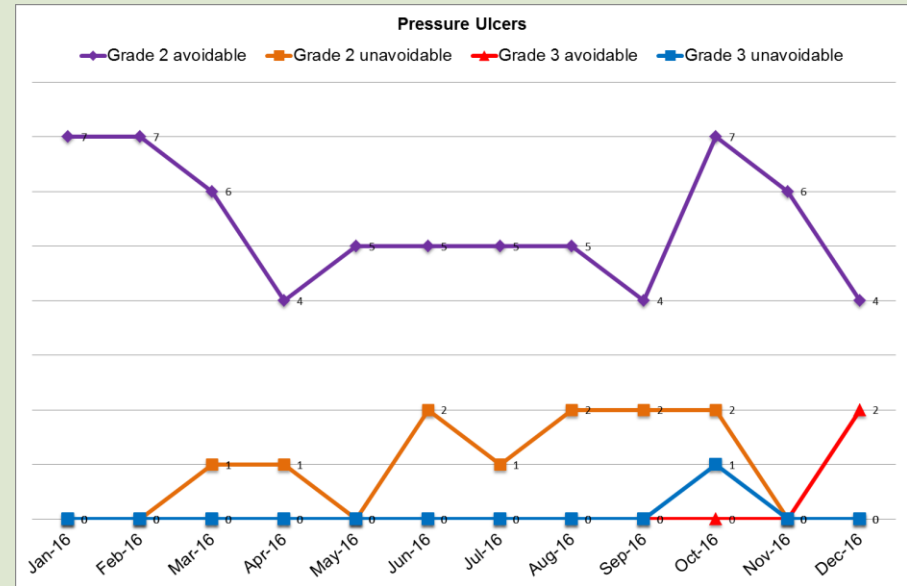


3.1.2 Pressure Ulcers

Comment:

The number of Grade 2 avoidable pressure has decreased for both November and December from 7 to 4. RCAs are now taking place for all avoidable pressure ulcers.

There were 2 unavoidable grade 2 pressure sores for December.

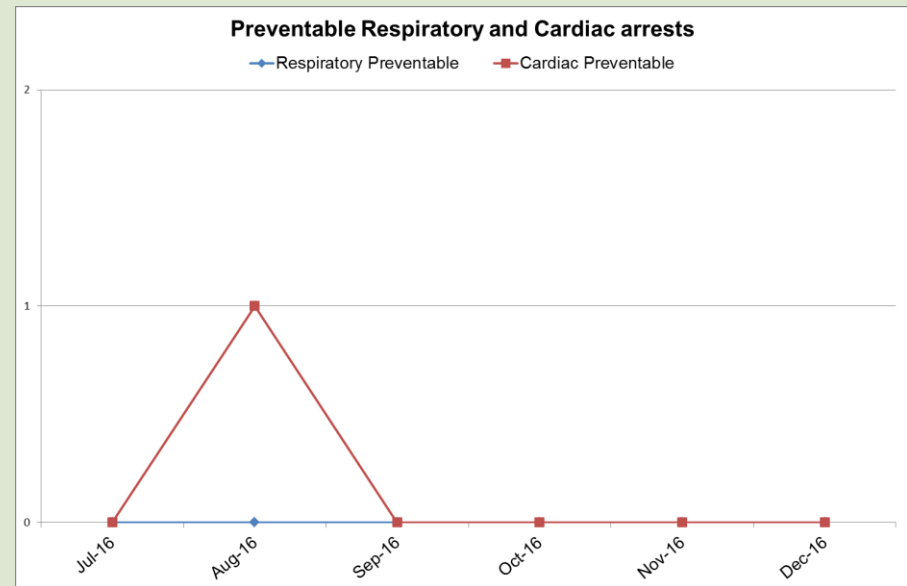


3.1.3 Deteriorating patient

Comment:

There were no preventable cardiac or respiratory arrests in November or December.

NB. Classification of preventable arrests has not been confirmed for November and December – awaiting new Resuscitation Committee chair to sign these off.



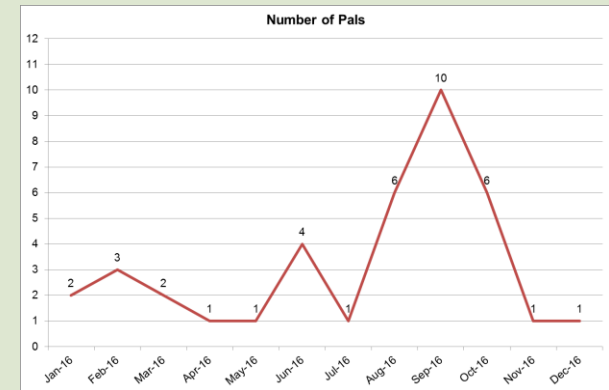
3.1.4 Safety incidents reported about inadequate nurse staffing levels

Comment:

There was one datix reported in November and one for December.

November - Woodpecker Ward. There was a delay in taking a patient to theatre as there was no nurse available. The issue was resolved by the anaesthetist collecting the patient.

December - Flamingo Ward: A staff nurse went off sick who was directly supervising an HCA, the HCA had to be indirectly supervised by the Team leader which resulted in a delay in the administration of some medications, there was no harm to the patients.

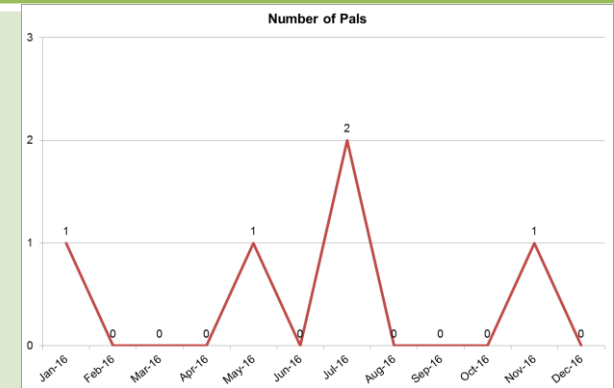


3.1.5 Pals concerns raised by families regarding nurse staffing

Comment:

There was 1 Pals concern about staffing levels in November.

Lion Ward. A mother of a child did not get the support she needed from the nursing team, as she did not feel there were enough staff on shift to assist her.



3.1.6 Complaints received regarding nurse safe staffing

Comment:

There were no complaints about nurse staffing for November or December.



3.1.7 Friends and family test (FF1) data - November

Overall response rate for November 2016 has increased to 25.5% (data extracted 15/12/2016) compared to 25.2% in October 2016. The target response rate is currently 40%.

- The overall percentage to recommend score is 99% (data extracted 15/12/2016).
- Families that were extremely likely to recommend GOSH to their friends and family equalled 88.4% (685) and 10.4% (81) responded as likely to recommend in November 2016 compared with 89% (626) and 9% (63) in October 2016.

The following negative comments or suggestions regarding staffing issues/staff behaviour have been received for the following wards.

Ward/Area	Comment related to response
Badger	Felt it could be a bit more organised - probably because of shortage of staff.
Bumblebee	However the only thing I was not happy with was that staffing nurse seem over worked. I feel they are given too many patients to care for in my experience.
Kingfisher	Great hospital but staff no good. Had high hopes for great care but felt unwelcome!

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

Ward/Area	Comment related to response
Hedgehog	The staff were outstanding. Nurses and play leaders were incredibly helpful, patient and kind to both ourselves (parents) and our child. They couldn't have given us a better experience! Thank you!
Koala	Always professional but so kind, friendly and approachable, the staff have made one of the most stressful periods of our life so much more bearable than it could have been. we already support GOSH through monthly donations and we will shout from the rooftop what a great place this is!
Puffin	Patient name has spent a great deal of time throughout his life at GOSH. The staff feel like an extended family they always open their arms when patient name returns. The team on Woodpecker and Puffin and in theatre are kind, considerate, they care and to a sick child that matters, to a parent of a sick child, it's a life line when the chips are down! Thank you team GOSH!!
Walrus	Thank you soooo much for everything. Everyone's been extremely great. We are particularly thankful for the kind attention and good humour of staff name, patient name' main nurse today and staff name for his clear matter of fact approach to explaining the matter. And thanks to everyone else!

3.1.8 Friends and family test (FFT) data - December

Overall response rate for December 2016 has increased to 27.3% (data extracted 12/01/2017) compared to 25.5% in November 2016. The target response rate is currently 40%.

- The overall percentage to recommend score is 97.3% (data extracted 12/01/2017).
- Families that were extremely likely to recommend GOSH to their friends and family equalled 88% (638) and 10% (71) responded as likely to recommend in December 2016 compared with 88.4% (685) and 10.4% (81) in November 2016.

The following negative comments or suggestions regarding staffing issues/staff behaviour have been received for the following wards.

Ward/Area	Comment related to response
Badger	Some days seemed extremely busy and they had like lack of staff.
Penguin Ambulatory	Short staffed, extremely busy for time of year, not enough room for patients and family.
Sky	Maybe due to the hospital being a bit understaffed which can make the nurses stressed and ill sometimes. But thank you loads for everything.

There were 12 very positive comments regarding outstanding performance regarding staff behaviour, Examples include:

Ward/Area	Comment related to response
Bumblebee	The difficult process of being in hospital was made easier by the great care received and the friendly, attentive staff.
Butterfly	Our whole experience has been amazing, We felt very welcoming from the moment we came in and were made to feel very comfortable. (staff name) immediately took the baby to help us talk to the Dr and address our concerns. She was very polite, thoughtful and continuously by our side to help. (staff name) was also very helpful as well.
Safari	The staff are extremely helpful, attentive and always there if needed. Couldn't ask for a better team!

4. Conclusion and Recommendation

4.1 Conclusion

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 November and December 2016, 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.

4.2 Recommendations - The Board of Directors are asked to note:

- 4.2.1 The content of the report and be assured that appropriate information is being provided to meet the national and local requirements.
- 4.2.1 The information on safe staffing and the impact on quality of care.
- 4.2.3 The on-going challenges in recruiting experienced nurses.
- 4.2.4 The national reporting of CHPPD and how this can be used as a productivity and efficiency measure.

Appendix 1: UNIFY Safe Staffing submission – November 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		2273	2076	337	406	2026	1792	337	359.9	91.3%	120.5%	88.5%	106.8%	351	11.0	2.2	13.2
RP401	GREAT ORMOND STREET HOSPITAL CEN	Bear Ward	170 - CARDIOTHORACIC SURGERY	321 - PAEDIATRIC CARDIOLOGY	2760	3050.65	598	516	2760	2694.2	345	280.6	110.5%	86.3%	97.6%	75.5%	615	9.3	1.3	10.6
RP401	GREAT ORMOND STREET HOSPITAL CEN	Flamingo Ward	192 - CRITICAL CARE MEDICINE		6808	7484.47	345	218.5	6417	6214.65	207	54	109.9%	63.3%	96.8%	26.1%	546	25.1	0.5	25.6
RP401	GREAT ORMOND STREET HOSPITAL CEN	Milly Ward (TCU)	340 - RESPIRATORY MEDICINE		690	740	1035	761	690	603.1	690	574.05	107.2%	73.5%	87.4%	83.2%	142	9.5	9.4	18.9
RP401	GREAT ORMOND STREET HOSPITAL CEN	Neonatal Intensive Care Unit	192 - CRITICAL CARE MEDICINE		3078	3184.7	342	11.5	3078	2875.4	0	0	103.5%	3.4%	93.4%	-	208	29.1	0.1	29.2
RP401	GREAT ORMOND STREET HOSPITAL CEN	Paediatric Intensive Care Unit	192 - CRITICAL CARE MEDICINE		5823	6499.38	342	184	5823	5267.3	342	23	111.6%	53.8%	90.5%	6.7%	403	29.2	0.5	29.7
RP401	GREAT ORMOND STREET HOSPITAL CEN	Elephant Ward	370 - MEDICAL ONCOLOGY	823 - HAEMATOLOGY	1633	1787.54	345	260.75	1380	1223.9	345	255.95	109.5%	75.6%	88.7%	74.2%	325	9.3	1.6	10.9
RP401	GREAT ORMOND STREET HOSPITAL CEN	Fox Ward	303 - CLINICAL HAEMATOLOGY	313 - CLINICAL IMMUNOLOGY and ALLERGY	1957	1566.5	326	264.5	1826	1321.5	326	286.4	80.0%	81.1%	72.4%	87.9%	257	11.2	2.1	13.4
RP401	GREAT ORMOND STREET HOSPITAL CEN	Giraffe Ward	313 - CLINICAL IMMUNOLOGY and ALLERGY	350 - INFECTIOUS DISEASES	1035	1189.85	345	322	1035	910	345	254	115.0%	93.3%	87.9%	73.6%	192	10.9	3.0	13.9
RP401	GREAT ORMOND STREET HOSPITAL CEN	Lion Ward	370 - MEDICAL ONCOLOGY	303 - CLINICAL HAEMATOLOGY	1602	1387.8	338	230	1354	982.5	338	281.2	86.6%	68.0%	72.6%	83.2%	293	8.1	1.7	9.8
RP401	GREAT ORMOND STREET HOSPITAL CEN	Penguin Ward	330 - DERMATOLOGY	410 - RHEUMATOLOGY	943	1176.65	345	747	690	627.1	345	108.7	124.8%	216.5%	90.9%	31.5%	142	12.7	6.0	18.7
RP401	GREAT ORMOND STREET HOSPITAL CEN	Robin Ward	350 - INFECTIOUS DISEASES	313 - CLINICAL IMMUNOLOGY and ALLERGY	1829	1636.5	319	266.35	1595	1198.8	319	304.5	89.5%	83.5%	75.2%	95.5%	279	10.2	2.0	12.2
RP401	GREAT ORMOND STREET HOSPITAL CEN	Bumblebee Ward	171 - PAEDIATRIC SURGERY	420 - PAEDIATRICS	1921	1997.5	274	896.5	1646	1666.3	548	867.45	104.0%	327.2%	101.2%	158.3%	397	9.2	4.4	13.7
RP401	GREAT ORMOND STREET HOSPITAL CEN	Butterfly Ward	370 - MEDICAL ONCOLOGY	420 - PAEDIATRICS	2401	2055.5	300	595	1800	1240.2	300	336.2	85.6%	198.3%	68.9%	112.1%	395	8.3	2.4	10.7
RP401	GREAT ORMOND STREET HOSPITAL CEN	Eagle Ward	361 - NEPHROLOGY		2231	2105.7	690	690.5	1380	1430.8	345	319.5	94.4%	100.1%	103.7%	92.6%	413	8.6	2.4	11.0
RP401	GREAT ORMOND STREET HOSPITAL CEN	Kingfisher Ward	420 - PAEDIATRICS		1748	1859	897	569	331	384.3	0	11.5	106.4%	63.4%	116.1%	-	169	13.3	3.4	16.7
RP401	GREAT ORMOND STREET HOSPITAL CEN	Rainforest Ward (Gastro)	301 - GASTROENTEROLOGY		940	1097.55	688	264.5	688	606.2	688	204.9	116.8%	38.4%	88.1%	29.8%	197	8.6	2.4	11.0
RP401	GREAT ORMOND STREET HOSPITAL CEN	Rainforest Ward (Endo/Met)	302 - ENDOCRINOLOGY		1032	1227.8	688	333.5	1032	750.8	344	318.1	119.0%	48.5%	72.8%	92.5%	215	9.2	3.0	12.2
RP401	GREAT ORMOND STREET HOSPITAL CEN	Mildred Creek	711 - CHILD and ADOLESCENT PSYCHIATRY		1087	1288.2	606	681.15	494	388.8	448	472.1	118.5%	112.4%	78.7%	105.4%	296	5.7	3.9	9.6
RP401	GREAT ORMOND STREET HOSPITAL CEN	Koala Ward	150 - NEUROSURGERY	421 - PAEDIATRIC NEUROLOGY	3259	3354.7	344	361.5	3167	2719.9	344	111.5	102.9%	105.1%	85.9%	32.4%	613	9.9	0.8	10.7
RP401	GREAT ORMOND STREET HOSPITAL CEN	Peter Pan Ward	120 - ENT	160 - PLASTIC SURGERY	1536	1465.25	596	633	1444	1317.3	0	22.3	95.4%	106.2%	91.2%	-	348	8.0	1.9	9.9
RP401	GREAT ORMOND STREET HOSPITAL CEN	Sky Ward	110 - TRAUMA & ORTHOPAEDICS	171 - PAEDIATRIC SURGERY	1753	1920.75	611	883	1712	1549.3	0	46	109.6%	144.5%	90.5%	-	424	8.2	2.2	10.4
RP401	GREAT ORMOND STREET HOSPITAL CEN	Squirrel Ward	171 - PAEDIATRIC SURGERY	101 - UROLOGY	2884	2802.34	681	706.5	2589	2433.25	0	282.9	97.2%	103.7%	94.0%	-	586	8.9	1.7	10.6
RP401	GREAT ORMOND STREET HOSPITAL CEN	Hedgehog Ward	420 - PAEDIATRICS		1358	1325.85	339	368	1018	926.4	339	226.8	97.6%	108.6%	91.0%	66.9%	175	12.9	3.4	16.3

Appendix 2: UNIFY Safe Staffing submission – December 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 CENTRE	Badger Ward	340 - RESPIRATORY MEDICINE		2368	2021.67	352	396.35	2117	1823.9	352	384.1	85.4%	112.6%	86.2%	109.1%	437	8.8	1.8	10.6
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Bear Ward	170 - CARDIOTHORACIC SURGERY	321 - PAEDIATRIC CARDIOLOGY	2667	3121.35	570	536	2667	2826.5	333	303.1	117.0%	94.0%	106.0%	91.0%	615	9.7	1.4	11.0
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Flamingo Ward	192 - CRITICAL CARE MEDICINE		6737	7280.52	341	92	6340	5898.1	187	54	108.1%	27.0%	93.0%	28.9%	575	22.9	0.3	23.2
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Miffy Ward (TCU)	340 - RESPIRATORY MEDICINE		713	821	1069	918.5	713	532	713	595.8	115.1%	85.9%	74.6%	83.6%	143	9.5	10.6	20.1
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Neonatal Intensive Care Unit	192 - CRITICAL CARE MEDICINE		3178	3289.25	353	0	3178	2800.5	0	0	103.5%	0.0%	88.1%	-	220	27.7	0.0	27.7
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Paediatric Intensive Care Unit	192 - CRITICAL CARE MEDICINE		5710	6271.98	335	149	5710	5485.63	335	0	109.8%	44.5%	96.1%	0.0%	414	28.4	0.4	28.8
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Elephant Ward	370 - MEDICAL ONCOLOGY	823 - HAEMATOLOGY	1675	1725.5	355	308	1423	1257.7	355	206	103.0%	86.8%	88.4%	58.0%	386	7.7	1.3	9.1
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Fox Ward	303 - CLINICAL HAEMATOLOGY	313 - CLINICAL IMMUNOLOGY and ALLERGY	2021	1692.05	336	293.15	1869	1402.5	336	314.6	83.7%	87.2%	75.0%	93.6%	270	11.5	2.3	13.7
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Giraffe Ward	313 - CLINICAL IMMUNOLOGY and ALLERGY	350 - INFECTIOUS DISEASES	1069	1277.25	356	299	1069	910.7	356	186.4	119.5%	84.0%	85.2%	52.4%	205	10.7	2.4	13.0
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Lion Ward	370 - MEDICAL ONCOLOGY	303 - CLINICAL HAEMATOLOGY	1679	1439.45	356	230	1426	1089.8	356	279.8	85.7%	64.6%	76.4%	78.6%	289	8.8	1.8	10.5
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Penguin Ward	330 - DERMATOLOGY	410 - RHEUMATOLOGY	939	1084.5	346	613.05	693	455.7	346	64.95	115.5%	177.2%	65.8%	18.8%	124	12.4	5.5	17.9
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Robin Ward	350 - INFECTIOUS DISEASES	313 - CLINICAL IMMUNOLOGY and ALLERGY	1933	1682.75	338	384.5	1693	1179.6	338	282.9	87.1%	113.8%	69.7%	83.7%	245	11.7	2.7	14.4
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Bumblebee Ward	171 - PAEDIATRIC SURGERY	420 - PAEDIATRICS	2317	1899.25	331	737	1986	1532.4	662	686.3	82.0%	222.7%	77.2%	103.7%	481	7.1	3.0	10.1
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Butterfly Ward	370 - MEDICAL ONCOLOGY	420 - PAEDIATRICS	2487	1913.25	310	649	1865	1176.6	310	331	76.9%	209.4%	63.1%	106.8%	343	9.0	2.9	11.9
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Eagle Ward	361 - NEPHROLOGY		2223	1967.25	692	599	1385	1413.1	346	280.6	88.5%	86.8%	102.0%	75.3%	389	8.7	2.2	10.9
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Kingfisher Ward	420 - PAEDIATRICS		1776	1330.75	914	402.5	312	305.9	0	0	74.9%	44.0%	98.0%	-	106	15.4	3.8	19.2
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Rainforest Ward (Gastro)	301 - GASTROENTEROLOGY		966	1143	713	230	713	671	713	265.5	118.3%	32.3%	94.1%	37.2%	198	9.2	2.5	11.7
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Rainforest Ward (Endo/Met)	302 - ENDOCRINOLOGY		1009	1238.05	672	381.15	1009	736.5	336	217.4	122.7%	56.7%	73.0%	64.7%	207	9.5	2.9	12.4
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Mildred Creek	711 - CHILD and ADOLESCENT PSYCHIATRY		1116	1029.85	612	698.7	507	442.8	454	358.5	92.3%	114.2%	87.3%	79.0%	247	6.0	4.3	10.2
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Koala Ward	150 - NEUROSURGERY	421 - PAEDIATRIC NEUROLOGY	3358	3230.45	356	415.5	3243	2657.9	356	164.8	96.2%	116.7%	82.0%	46.3%	570	10.3	1.0	11.3
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Peter Pan Ward	120 - ENT	160 - PLASTIC SURGERY	1287	1444.75	498	518	1193	1321.8	0	32.4	112.3%	104.0%	110.8%	-	246	11.2	2.2	13.5
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Sky Ward	110 - TRAUMA & ORTHOPAEDICS	171 - PAEDIATRIC SURGERY	1814	1955.65	635	1117.2	1763	1555.65	0	80.5	107.8%	175.9%	88.2%	-	366	9.6	3.3	12.9
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Squirrel Ward	171 - PAEDIATRIC SURGERY	101 - UROLOGY	2834	2678.54	673	585	2541	2271	0	357.8	94.5%	86.9%	89.4%	-	564	8.8	1.7	10.4
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Hedgehog Ward	420 - PAEDIATRICS		1137	769.9	284	241.5	852	587.4	284	173.5	67.7%	85.0%	68.9%	61.1%	133	10.2	3.1	13.3

Appendix 3: Overview of Ward Nurse Staffing – November 2016

Division	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
West	Badger	15	39.5	29.9	9.6	7.5	2.0	5.5	47.0	15.1	2.9	12.2	4.0		0	0.3
	Bear	24	53.5	55.9	-2.4	9.0	7.0	2.0	62.5	-0.4	4.8	-5.2			0	0.0
	Miffy (TCU)	5	14.1	13.6	0.5	10.4	8.5	1.9	24.5	2.4	3.2	-0.8	1.0		0	0.0
	Flamingo	21	121.0	122.0	-1.0	10.8	2.0	8.8	131.8	7.8	13.4	-5.6	8.0	0.0	0	0.0
	NICU	8	51.5	44.2	7.3	5.2	0.0	5.2	56.7	12.5	12.6	-0.1			0	0.1
	PICU	15	83.1	99.6	-16.5	8.9	1.0	7.9	92.0	-8.6	12.8	-21.4			0	0.1
	Elephant	13	25.0	26.5	-1.5	5.0	3.6	1.4	30.0	-0.1	2.0	-2.1	1.0	2.0	0	0.0
	Fox	10	31.0	28.0	3.0	5.0	4.0	1.0	36.0	4.0	3.0	1.0	0.0	0.0	0	0.5
	Giraffe	7	19.0	20.1	-1.1	3.1	4.0	-0.9	22.1	-2.0	1.0	-3.0	0.0	0.0	0	0.0
	Lion	11	22.0	21.7	0.3	4.0	3.0	1.0	26.0	1.3	2.8	-1.5	1.0	1.0	0	0.2
	Penguin	9	15.5	16.0	-0.5	5.8	6.0	-0.2	21.3	-0.7	0.6	-1.3	0.0	0.0	0	0.0
Robin	10	27.2	26.8	0.4	4.5	5.2	-0.7	31.7	-0.3	2.6	-2.9	1.0	0.0	0	0.8	
IPP	Bumblebee	21	38.3	27.0	11.3	9.7	11.0	-1.3	48.0	10.0	11.6	-1.6	5.0	2.0	0	4.3
	Butterfly	18	37.2	23.0	14.2	10.5	7.0	3.5	47.7	17.7	4.2	13.5	7.0	3.0	0	2.3
	Hedgehog	10	20.0	20.0	0.0	6.0	6.0	0.0	26.0	0.0	1.0	-1.0	0.0	0.0	0	0.2
Barrie	Eagle	21	39.5	33.0	6.5	10.5	8.0	2.5	50.0	9.0	3.8	5.2			0	0.0
	Kingfisher	16	17.1	16.3	0.8	6.2	4.8	1.4	23.3	2.2	1.8	0.4			0	0.0
	Rainforest Gastro	8	17.0	15.9	1.1	4.0	3.5	0.5	21.0	1.6	1.4	0.2			0	0.0
	Rainforest Endo/Met	8	15.6	15.8	-0.2	5.2	4.5	0.7	20.8	0.5	2.1	-1.6			0	0.0
	Mildred Creak	10	11.8	14.0	-2.2	7.8	8.0	-0.2	19.6	-2.4	0.8	-3.2			0	0.0
	Koala	24	48.2	59.0	-10.8	7.8	4.0	3.8	56.0	-7.0	1.5	-8.5			0	0.0
	Peter Pan	16	24.5	25.9	-1.4	5.0	5.6	-0.6	29.5	-2.0	1.3	-3.3			0	0.0
	Sky	18	31.0	26.7	4.3	5.2	5.0	0.2	36.2	4.5	1.6	2.9			0	2.0
	Squirrel	22	43.6	39.5	4.1	7.0	8.0	-1.0	50.6	3.1	4.8	-1.7			0	0.3
		340	846.2	820.4	25.8	164.1	121.7	42.4	1010.3	68.2	97.5	-29.3	28.0	8.0	0.0	11.1

Appendix 4: Overview of Ward Nurse Staffing – December 2016



Division	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
West	Badger	15	39.5	27.3	12.2	7.5	5.9	1.6	47.0	13.8	3.7	10.1	6.0		0	0.2
	Bear	24	53.5	54.9	-1.4	9.0	8.0	1.0	62.5	-0.4	0.9	-1.3	1.0		0	1.6
	Miffy (TCU)	5	14.1	14.6	-0.5	10.4	11.2	-0.8	24.5	-1.3	3.3	-4.6			0	0.0
	Flamingo	21	121.0	117.0	4.0	10.8	2.0	8.8	131.8	12.8	10.2	2.6	5.0	0.0	0	0.7
	NICU	8	51.5	44.6	6.9	5.2	0.0	5.2	56.7	12.1	11.9	0.2	3.0		0	0.1
	PICU	15	83.1	92.9	-9.8	8.9	1.0	7.9	92.0	-1.9	15.8	-17.7	5.0		0	0.8
	Elephant	13	25.0	25.3	-0.3	5.0	3.4	1.6	30.0	1.3	2.2	-0.9	1.0	2.0	0	0.0
	Fox	10	31.0	26.8	4.2	5.0	4.7	0.3	36.0	4.5	1.9	2.6	0.0	0.0	0	0.6
	Giraffe	7	19.0	20.1	-1.1	3.1	4.0	-0.9	22.1	-2.0	1.3	-3.3	0.0	0.0	0	0.0
	Lion	11	22.0	17.4	4.6	4.0	4.0	0.0	26.0	4.6	2.9	1.7	1.0	1.0	0	0.0
	Penguin	9	15.5	16.0	-0.5	5.8	6.0	-0.2	21.3	-0.7	0.5	-1.2	0.0	0.0	0	0.3
Robin	10	27.2	23.7	3.5	4.5	4.3	0.2	31.7	3.7	1.8	1.9	0.0	0.0	0	0.5	
IPP	Bumblebee	21	38.3	27.0	11.3	9.7	11.0	-1.3	48.0	10.0	7.7	2.3	5.0	2.0	0	1.5
	Butterfly	18	37.2	23.0	14.2	10.5	7.0	3.5	47.7	17.7	3.2	14.5	7.0	3.0	0	2.3
	Hedgehog	10	20.0	20.0	0.0	6.0	6.0	0.0	26.0	0.0	1.1	-1.1	0.0	0.0	0	2.0
Barrie	Eagle	21	39.5	31.2	8.3	10.5	10.2	0.3	50.0	8.6	1.7	6.9	3.0		0	0.4
	Kingfisher	16	17.1	16.0	1.1	6.2	4.0	2.2	23.3	3.3	1.3	2.0			0	0.0
	Rainforest Gastro	8	17.0	14.9	2.1	4.0	3.5	0.5	21.0	2.6	0.9	1.7			0	0.0
	Rainforest Endo/Met	8	15.6	15.7	-0.1	5.2	4.5	0.7	20.8	0.6	0.6	0.0	2.0		0	0.5
	Mildred Creak	10	11.8	14.0	-2.2	7.8	8.0	-0.2	19.6	-2.4	0.3	-2.7			0	0.0
	Koala	24	48.2	49.0	-0.8	7.8	5.0	2.8	56.0	2.0	2.5	-0.5	4.0		0	0.4
	Peter Pan	16	24.5	25.9	-1.4	5.0	5.6	-0.6	29.5	-2.0	0.6	-2.6			0	2.9
	Sky	18	31.0	25.8	5.2	5.2	5.9	-0.7	36.2	4.5	3.9	0.6	1.0		0	2.0
	Squirrel	22	43.6	50.0	-6.4	7.0	7.0	0.0	50.6	-6.4	2.8	-9.2		1.0	0	1.2
		340	846.2	793.1	53.1	164.1	132.2	31.9	1010.3	85.0	83.0	2.0	44.0	9.0	0.0	17.7