

Trust Board September 30 th 2015	
Safe Nurse Staffing Report for July 2105	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 and nurse recruitment.	
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. • 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. <p><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.</i></p>	
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

July 2015

1. Introduction

1.1 This report on GOSH Safe Nurse Staffing contains information from the month of July 2015. The report provides information on staff in post, safe staffing incidents, nurse vacancies and includes quality measures which are reported by exception.

2. Context and Background

2.1 The expectation is the Board 'take full responsibility for the care provided to patients and, as a key determinant of quality, take full and collective responsibility for nursing care capacity and capability'.

2.2 Monthly nurse staffing updates are submitted to NHS England and the Trust Board with the following information:

1. The number of staff on duty the previous month compared to planned staffing levels.
2. The reasons for any gaps, highlighting those wards where this is a consistent feature and impacts on the quality of care, to include actions being taken to address issues.
3. The impact on key quality and safety measures.

3. GOSH Ward Nurse Staffing Information for Trust Board

3.1 Safe Staffing

3.1.1 The UNIFY Fill Rate Indicator for July is attached as Appendix 1. The spread sheet 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.

3.1.2 Commentary:

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

RN Day	RN Night	HCA Day	HCA Night	Total Fill Rate
101.6%	89.5%	92%	69%	95%

<p><u>ICI – No unsafe shifts reported in July</u></p> <p>Fox Ward report 6 RN vacancies hence low fill rate for registered nurses both day and nights, 2 beds have also utilised for more lower dependency patients requiring less nursing input.</p> <p>ICI also report a high level of short notice sickness impacting on planned numbers, to manage this scenario staff are moved across wards to meet the needs of the care requirements of patients on a shift by shift basis. ICI has implemented a morning staff huddle for Nurses In Charge to plan and reallocate staff across the Division as needed.</p> <p>One datix report received for Penguin Ward see 5.6 below.</p>
<p><u>Surgery No unsafe shifts reported in July</u></p> <p>Squirrel and Sky report an increased staffing requirement for patients requiring High Dependency care.</p>
<p><u>CCCR – No unsafe shifts reported in July</u></p> <p>Miffy – increase in registered nurse hours on days due to on-going training of staff, and increase in dependency of patients over this period. Two new HCAs are due to commence employment which will boost HCA hours.</p> <p>Flamingo have 3 HCA vacancies advertised hence the low HCA numbers, likewise Bear Ward night HCA numbers are down due to new starters in the recruitment pipeline. Staff on both Bear and Flamingo have been working hard to accommodate the extra demand for Bridge to Transplant work. Two datix reports were received regarding staffing levels see 5.6. below.</p> <p>NICU- Low HCA numbers due to vacancies and on-going discussion as to the role of non-registered care staff in this environment.</p>
<p><u>MDTS - No unsafe shifts reported in July</u></p> <p>Eagle Ward report that the low percentages are due to 6 staff are on long term absence, reasons are sickness and maternity leave.</p> <p>Rainforest Endocrine/Metabolic has 2 vacant HCA positions, and has had an increased activity during day shifts. Rainforest Gastro has closed two beds due to long term sickness and vacancies, 2 staff are on a phased return to work.</p> <p>Kingfisher has had several patients requiring 1:1 registered nurse care whilst undergoing tests impacting on actual registered nurse hours.</p> <p>2 Datix forms were received regarding staffing on Rainforest Ward see 5.6 below.</p>
<p><u>Neurosciences - No unsafe shifts reported in July</u></p> <p>Koala reports using HCAs on day shifts for patient pathway work, hence low night numbers. s.</p> <p>Mildred Creak Unit – for safety reasons the number of inpatient beds has been reduced to 7 beds overnight, hence the reduction in planned staff on night shift.</p>
<p><u>IPP - No unsafe shifts reported in July</u></p> <p>Butterfly and Bumblebee report an increase in day cases and general activity hence the movement of staff from nights to day shifts.</p>

3.1.4 The Clinical Site Practitioners (CSPs) report that no wards were declared unsafe during July, however there were 8 shifts in July where CSPs moved staff between wards for part or a whole shift to maintain safe care. A further 1 shift is noted where 3 wards reported being short of staff, however patient safety was not compromised.

3.2 General Staffing Information

- 3.2.1 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.
- 3.2.2 15 out of 23 inpatient wards closed beds at various points during July. An average of 10 beds were closed each day. Badger Ward 2 beds closed whilst staff are recruited and trained. Rainforest Gastro has a number of nurses on maternity leave, this has resulted in 2 closed beds whilst these vacancies are filled. Other reasons for closures cited are infectious cleans, awaiting swab results and beds in bays closed as a result of an infectious patient being nurses in that area. There were a small number closed at times due to acute staff sickness and fluctuations in dependency and acuity.
- 3.2.3 For the inpatient wards, registered and non-registered vacancies for July total 125 Whole Time Equivalents (WTE) up from 121 in June. This breaks down to 90 (92 in June) registered nurse (RN) vacancies (11% of RN total). HCA vacancies number 34 (21% of HCA total) an increase from 28 reported in June. Temporary nurses, mainly from GOSH Nurse Bank, employed on wards totalled 99 WTE, the July position was therefore 26 WTE vacant posts (2.6%).
- 3.2.4 On the 1st July the number new starters progressing through pre-employment checks totalled 80 registered nurses and 7 HCAs. The majority of the registered recruits will be newly qualified and will not commence in post until September 2015.
- 3.2.5 The majority of HCA vacancies (20) are within the ICU areas, recruitment has been on hold pending further work on the education pathway due for completion in July. We continue to recruit HCAs to the wards to achieve the target, however high numbers fail to attend the assessment centre or do not meet the requirements of the assessment centre, to compensate we have increased the numbers of candidates invited for the July assessment centre.
- 3.2.6 As a Trust we continue to sustain recruitment against a backdrop of well publicised national nurse shortages.

4 Key Challenges

- Recruitment of HCAs in the Critical Care areas.
- Recruitment of Band 6 Nurses.
- Retention of Band 5 and 6 Nurses.

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 July 2015.
- 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

C Difficile	0	
MRSA Bacteraemias	0	
MSSA Bacteraemias	1	(taken within 48 hrs. of admission)
E Coli Bacteraemia	1	(taken within 48 hrs. of admission)
D & V and other outbreaks	0	
Carbopenamase resistance	4	All admitted with resistant organisms.

5.3.1 All incidents are investigated via a root cause analysis and additional support put in place by the Infection Prevention and Control team. In addition, those areas that experienced small outbreaks of infection are subject to comprehensive chlorine clean.

5.4 Pressure ulcers

	Number	Ward
Grade 3	0	
Grade 2	3	PICU - all are recorded as avoidable

5.5 Deteriorating patient

5.5.1 For the month of July, 10 patient related emergency calls were received of which 4 were cardiac arrests (Flamingo Ward, Bear Ward, Peter Pan and VCB Theatres) and 2 respiratory arrests (1 on Koala and 1 on Badger Wards). In addition 9 patients (15 in June) had unplanned admissions to Intensive Care.

5.6 Numbers of safety incidents reported about inadequate nurse staffing levels

- 2 related to Rainforest Wards (weekend shifts), concerns were raised regarding skill mix due to sickness and a temporary worker failing to report for duty. Staff cross covered between Rainforest Wards, although safe this impacted on staff and patient experience.
- 1 related to Penguin (weekend shift), where a Senior Staff Nurse called in sick leaving one newly registered nurse and a HCA, assistance and support were provided by the CSPs.
- 2 related to Flamingo Ward, high levels of acuity were reported alongside patients deteriorating during shift. Cover arrangements and support put in place.

5.7 Pals concerns raised by families regarding nurse staffing - 0

5.8 Complaints re nurse safe staffing in July - 0

One retrospective complaint was received regarding care on Safari Ward in 2014.

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

- Response rate for July was 34% (June 32%), the overall target is currently 40%, increasing to 60% by the end of Quarter 4.
- For July 290 (84%) of families were extremely likely to recommend their friends and family compared to 240 (82%) in June, with 50 (14%) likely to recommend, 51 (17%) in June.

- 3 families provided examples praising staff on Peter Pan, Respiratory Sleep Unit and Puffin Wards. Conversely negative feedback was also received for Peter Pan and Respiratory Sleep Unit regarding communication and compassion, one parent reported alarms on Elephant Ward not being responded to in a timely way.

6. 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 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.

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 recruiting nurses.

Appendix 1: UNIFY Safe Staffing Submission – July 2015

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

Org: RP4 Great Ormond Street Hospital For Children NHS Foundation Trust
Period: July_2015-16

Please provide the URL to the page on your trust website where your staffing information is available
(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

Comments

Hospital Site Details		Ward name	Main 2 Specialities 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 (%)	
					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					
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name	Speciality 1	Speciality 2														
RP401	Great Ormond Street Hospital Central London Site	Badger Ward	340 - RESPIRATORY MEDICINE		2330	2398.05	345	460	2073	2078.9	345	270.7	102.9%	133.3%	100.3%	78.5%	
RP401	Great Ormond Street Hospital Central London Site	Bear Ward	170 - CARDIOTHORACIC SURGERY	321 - PAEDIATRIC CARDIOLOGY	2761	2889.8	601	699	2761	2715.2	345	220.2	104.7%	116.3%	98.3%	63.8%	
RP401	Great Ormond Street Hospital Central London Site	Flamingo Ward	192 - CRITICAL CARE MEDICINE		7029	6973.25	356	249	6615	6774.65	206	108	99.2%	69.9%	102.4%	52.4%	
RP401	Great Ormond Street Hospital Central London Site	Miffy Ward (TCU)	340 - RESPIRATORY MEDICINE		647	1007.35	971	617.5	647	723.4	647	491.3	155.7%	63.6%	111.8%	75.9%	
RP401	Great Ormond Street Hospital Central London Site	Neonatal Intensive Care Unit	192 - CRITICAL CARE MEDICINE		3164	3100.18	351	138	3164	2982.98	0	43.2	98.0%	39.3%	94.3%	-	
RP401	Great Ormond Street Hospital Central London Site	Paediatric Intensive Care Unit	192 - CRITICAL CARE MEDICINE		6009	6462.3	353	365.3	6009	5187.25	353	172.8	107.5%	103.5%	86.3%	49.0%	
RP401	Great Ormond Street Hospital Central London Site	Elephant Ward	370 - MEDICAL ONCOLOGY	823 - HAEMATOLOGY	1690	1852.25	356	379.5	1426	1281.1	356	354	109.6%	106.6%	89.8%	99.4%	
RP401	Great Ormond Street Hospital Central London Site	Fox Ward	303 - CLINICAL HAEMATOLOGY	313 - CLINICAL IMMUNOLOGY and ALLERGY	2251	1499.25	334	227.85	1864	1286.45	334	302.4	66.6%	68.2%	69.0%	90.5%	
RP401	Great Ormond Street Hospital Central London Site	Giraffe Ward	313 - CLINICAL IMMUNOLOGY and ALLERGY	350 - INFECTIOUS DISEASES	1069	1204.76	356	263.25	1069	840	356	241.8	112.7%	73.9%	78.6%	67.9%	
RP401	Great Ormond Street Hospital Central London Site	Lion Ward	370 - MEDICAL ONCOLOGY	303 - CLINICAL HAEMATOLOGY	1677	1770.1	353	313.95	1414	1241	353	233.1	105.6%	88.9%	87.8%	66.0%	
RP401	Great Ormond Street Hospital Central London Site	Penguin Ward	330 - DERMATOLOGY	410 - RHEUMATOLOGY	958	1185.05	349	637.35	699	652.9	349	108	123.7%	182.6%	93.4%	30.9%	
RP401	Great Ormond Street Hospital Central London Site	Robin Ward	350 - INFECTIOUS DISEASES	313 - CLINICAL IMMUNOLOGY and ALLERGY	1993	1507	347	218.5	1736	1241.7	347	297.9	75.6%	63.0%	71.5%	85.9%	
RP401	Great Ormond Street Hospital Central London Site	Bumblebee Ward	171 - PAEDIATRIC SURGERY	420 - PAEDIATRICS	2337	2418	333	559.5	2003	1987.9	667	481.5	103.5%	168.0%	99.2%	72.2%	
RP401	Great Ormond Street Hospital Central London Site	Butterfly Ward	370 - MEDICAL ONCOLOGY	420 - PAEDIATRICS	2628	2202.8	328	813.5	1971	1322.9	328	279.8	83.8%	248.0%	67.1%	85.3%	
RP401	Great Ormond Street Hospital Central London Site	Eagle Ward	361 - NEPHROLOGY		2289	2100.5	706	406.25	1412	1335.12	353	131.7	91.8%	57.5%	94.6%	37.3%	
RP401	Great Ormond Street Hospital Central London Site	Kingfisher Ward	420 - PAEDIATRICS		1817	2079.65	931	561.5	331	421.9	0	11.5	114.5%	60.3%	127.5%	-	
RP401	Great Ormond Street Hospital Central London Site	Rainforest Ward (Gastro)	301 - GASTROENTEROLOGY		714	805.05	521	468.25	521	670.17	521	363.4	112.6%	89.9%	128.6%	69.8%	
RP401	Great Ormond Street Hospital Central London Site	Rainforest Ward (Endo/Met)	302 - ENDOCRINOLOGY		1069	1322.8	713	207	1069	811.4	356	262.6	123.7%	29.0%	75.9%	73.8%	
RP401	Great Ormond Street Hospital Central London Site	Mildred Creak	711- CHILD and ADOLESCENT PSYCHIATRY		1126	1392.55	632	368.5	509	475.2	460	334.8	123.7%	58.3%	93.4%	72.8%	
RP401	Great Ormond Street Hospital Central London Site	Koala Ward	150 - NEUROSURGERY	421 - PAEDIATRIC NEUROLOGY	3307	3409.1	348	423.5	3195	3105.85	348	77	103.1%	121.7%	97.2%	22.1%	
RP401	Great Ormond Street Hospital Central London Site	Peter Pan Ward	120 - ENT	160 - PLASTIC SURGERY	1565	1550.25	608	425.5	1453	1376.78	0	34.5	99.1%	70.0%	94.8%	-	
RP401	Great Ormond Street Hospital Central London Site	Sky Ward	110 - TRAUMA & ORTHOPAEDICS	171 - PAEDIATRIC SURGERY	1920	1967.65	669	693	1866	1547.7	0	23	102.5%	103.6%	82.9%	-	
RP401	Great Ormond Street Hospital Central London Site	Squirrel Ward	171 - PAEDIATRIC SURGERY	101 - UROLOGY	2785	2873.96	656	817	2488	2511.45	0	0	103.2%	124.5%	100.9%	-	

Appendix 2: Overview of Ward Nurse Staffing – July 2015

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
CCCR	Badger	15	39.5	34.0	5.5	7.5	5.9	1.6	47.0	7.1	2.5	4.6	6.0	1	0	0.0
	Bear	22	47.7	40.2	7.5	9.0	8.0	1.0	56.7	8.5	7.3	1.2	7.6	2	0	1.1
	Flamingo	17	121.0	97.2	23.8	10.8	4.0	6.8	131.8	30.6	20.6	10.0	12.0	0	0	0.0
	Miffy (TCU)	5	14.1	11.3	2.8	7.8	6.0	1.8	21.9	4.6	3.8	0.8	2.0	1	0	0.0
	NICU	8	51.5	39.7	11.8	5.2	1.0	4.2	56.7	16.0	10.6	5.4	2.0	0	0	0.1
	PICU	13	83.0	92.4	-9.4	8.9	4.6	4.3	91.9	-5.1	7.4	-12.5	8.0	0	0	0.2
ICI-LM	Elephant	13	25.0	23.8	1.2	5.0	4.1	0.9	30.0	2.1	4.3	-2.2	2.0	1	0	0.0
	Fox	10	31.0	24.5	6.5	5.0	4.9	0.1	36.0	6.6	2.5	4.1	5.0	0	0	0.8
	Giraffe	7	19.0	16.9	2.1	3.1	3.0	0.1	22.1	2.2	2.4	-0.2	3.0	0	0	0.0
	Lion	11	22.0	21.8	0.2	4.0	3.5	0.5	26.0	0.7	2.6	-1.9	1.0	0	0	0.1
	Penguin	9	15.5	16.6	-1.1	5.8	5.6	0.2	21.3	-0.9	0.9	-1.8	1.0	0	0	0.2
	Robin	10	27.2	24.7	2.5	4.5	3.4	1.1	31.7	3.6	2.6	1.0	1.0	1	0	0.4
IPP	Bumblebee	21	38.3	31.7	6.6	9.7	8.6	1.1	48.0	7.7	5.9	1.8	7.0	0	0	1.4
	Butterfly	18	37.2	26.6	10.6	10.5	8.4	2.1	47.7	12.7	3.9	8.8	2.0	0	0	1.4
MDTS	Eagle	21	39.5	32.6	6.9	10.5	10.0	0.5	50.0	7.4	1.6	5.8	3.0	0	0	0.2
	Kingfisher	16	17.1	16.2	0.9	6.2	4.8	1.4	23.3	2.3	0.4	1.9	0.0	0	0	0.0
	Rainforest Gastro	8	17.0	11.0	6.0	4.0	4.5	-0.5	21.0	5.5	3.3	2.2	4.0	0	0	2.2
	Rainforest Endo/Met	8	15.6	16.4	-0.8	5.2	3.5	1.7	20.8	0.9	0.7	0.2	0.0	1	0	0.0
Neuro-sciences	Mildred Creak	10	11.8	15.2	-3.4	7.8	6.6	1.2	19.6	-2.2	0.1	-2.3	0.0	0	0	0.0
	Koala	24	48.2	44.3	3.9	7.8	5.5	2.3	56.0	6.2	6.6	-0.4	7.0	0	0	0.3
Surgery	Peter Pan	16	24.5	23.3	1.2	5.0	5.0	0.0	29.5	1.2	2.6	-1.4	2.0	0	0	0.5
	Sky	18	31.0	25.0	6.0	5.2	4.0	1.2	36.2	7.2	1.8	5.4	2.0	0	0	1.1
	Squirrel	22	43.6	44.2	-0.6	7.0	6.0	1.0	50.6	0.4	4.4	-4.0	2.0	0	0	0.1
TRUST TOTAL:		322	820.3	729.6	90.7	155.5	120.9	34.6	975.8	125.3	98.8	26.5	79.6	7.0	0.0	10.1

