Trust Board October 2015		
Safe Nurse Staffing Report for September 2015	**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

September 2015

1. Introduction

1.1 This report on GOSH Safe Nurse Staffing contains information from the month of September 2015. 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 September 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.

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 September is:

RN Day	RN Night	HCA Day	HCA Night	Total Fill Rate
100%	88.2%	93.3%	66%	86.9%

ICI – No unsafe shifts reported in September

Elephant, Giraffe and Lion Wards report again a decrease in Haematology and Oncology activity throughout September. Assisting with Trust day cases resulted in low percentages on night shifts.

Fox Ward and Robin Ward similarly report a variable activity, due to being closed to acute BMT, delayed and rescheduling of admissions and assisting with day cases.

Penguin has had an increase in patient's numbers and dependency and has also assisted with day case activity.

Staff were moved across wards to meet the greatest clinical need on a shift by shift basis and support was also provided by CNS/NPE teams.

Surgery No unsafe shifts reported in September

The variance is due to vacancies within the division and have utilised bank staff to support. There have been ad hoc bed closures to maintain patient safety across the floor.

CCCR – No unsafe shifts reported in September

The Head of Nursing reports an continued increase in activity and acuity in September across the division, mainly impacting on Flamingo, Bear and PICU, this was supported by the use of additional temporary staffing however when bank shifts were unfilled, safety was maintained through skill-mix and support from staff across the ITU's.

Both Flamingo and Bear Ward are staffing additional beds to support the Bridge to Transplant Work. A temporary uplift in Bank Nurse pay rates continues to support the increased fill rates. Flamingo cancelled a surgical case when temporary staff shifts were not filled in order to maintain safety. Flamingo still has HCA vacancies hence the low percentages.

Miffy– Continues to use registered nurse hours to compensate for HCA shortfall (2 vacancies) on some shifts.

NICU- Additional staffing require due to patient acuity and dependency. Low HCA numbers due to vacancies and on-going discussion as to the role of non-registered care staff in this environment.

MDTS - No unsafe shifts reported in September

Eagle Ward reported an increase in acuity and short term staff sickness.
Rainforest Endocrine/Metabolic and Gastro had a slight variance due to patient acuity.
Kingfisher's variance for registered staff was due to Growth Hormone profiling and extra list efficiency.

Neurosciences - No unsafe shifts reported in September

Koala reports variances due patient acuity, vacancies, one HCA on long term sick and using staff predominately on days. When temporary staffing shifts were unfilled, ward sisters and CNS's provided support or beds were closed for a short period to maintain safety.

Mildred Creak Unit is transitioning to a long day shift rota and this has changed the staff skill mix on some shifts leading to additional registered staff being on duty, also toward the end of the month they have had to offer 1:1 support to a patient.

IPP - No unsafe shifts reported in September
Butterfly and Bumblebee both reported HCA's were rostered to provide maximum support during the busier day periods due to theatre cases etc.
Bumblebee registered staff numbers increased for patient acuity – patients with tracheostomies and artificial airways.
Butterfly Ward reduced registered staff at night due to daycase patients and reduced dependency levels at night.
Staff were flexed across the division to ensure patient safety.

2.1.4 The Clinical Site Practitioners (CSPs) report that no wards were declared unsafe during September, however there were 7 shifts in September where CSPs moved staff between wards for part or a whole shift to maintain safe care. A further 4 shifts are noted where a ward reported being short of staff, however patient safety was not compromised.

3.1 General Staffing Information

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

3.1.2 7 out of 23 inpatient wards closed beds at various points during September. An average of 4.1 beds were closed each day, the lowest recorded. Reasons cited for closures are infectious patient in bay restricting the use of other beds. There were a small number closed at times due to acute staff sickness and fluctuations in patient dependency and acuity.

3.1.3 For the inpatient wards, registered and non-registered vacancies for September total 73 Whole Time Equivalents (WTE) a decrease from 127 in August. This breaks down to 39 (91 in August) registered nurse (RN) vacancies (4.8% of RN total). HCA vacancies number 33 (21% of HCA total) a decrease from 36 reported in August. Temporary nurses, mainly from GOSH Nurse Bank, employed on wards totalled 109 WTE, the September position was therefore minus 36 WTE vacant posts.

3.1.4 Approximately 90 newly qualified nurses started on 28th September, they are included in the staff in post figures for September but will initially be supernumerary and on induction. At the beginning of September 10 HCA's commenced the Care Certificate.

3.1.5 There remains 17 HCA vacancies within the ICU areas and 3 within Neurosciences, recruitment has been on hold pending further work on the education pathway and local recruitment plans.

3.1.6 Due to the challenges around recruiting HCAs to the wards, we increased the numbers of candidates invited to the September assessment centre and have successfully recruited 13 candidates who are progressing through pre-employment checks with a planned start in November. An IPP HCA assessment centre is also planned for early October to recruit staff to meet the needs of their expansion plans.

3.1.7 As a Trust we continue to sustain recruitment against a backdrop of well publicised national nurse shortages.

3.1.8 With the new business cases approved for expansion and meeting the RTT plans there remains further challenges ahead to provide sufficient staff to keep pace with turnover and recruit to these new nursing posts.

The Chief Nurse will report progress to Trust Board each quarter as part of the Safe Staffing Report.

4. Key Challenges

- Recruitment of HCAs in the Critical Care and Neurosciences areas.
- Recruitment of Band 6 Nurses.
- Retention of Band 5 and 6 Nurses.
- Recruit 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 September 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	Not confirmed yet – waiting for Microbiology to confirm
MRSA Bacteraemias	1	(taken 48hrs after admission)
MSSA Bacteraemias	4	
E Coli Bacteraemia	0	(taken within 48hrs of admission)
D & V and other outbreaks	1	Outbreak MRSA on Bumblebee (on-going)
Carbopenamase resistance	2	

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	11	Across a range of wards predominantly in ITU's. Please note: 4 of the ulcers were on 2 patients

5.4.1 The Trust has seen an unexpected increase in pressure ulcers in September 2015 which is currently being investigated. We treat all pressure ulcers as avoidable at present. The Tissue Viability Team are calling a meeting of specialists together to discuss pressure ulcers linked to endotracheal ventilation.
October is Tissue Viability Hot Topics Month an initiative run by the Nursing Practice Educators in collaboration with the Tissue Viability Team where all nursing staff will receive 5 key messages about pressure ulcer prevention and management. This will include teaching about prevention, grading and recognition of early pressure damage.

5.5 **Deteriorating patient**

5.5.1 For the month of September, 9 emergency calls were received, 7 of which were patient related. 1 was a cardiac arrest on Badger ward and 1 a respiratory arrest on Koala Ward. The other incidents were 1 incident relate to a patient having desaturation episode during a seizure and 3 patients experiencing a either breathing or desaturation episode (low oxygen), 2 (Outpatients & Manta Ray) recovered without ICU intervention and 1 (Badger) was transferred to PICU later that day. In addition 3 patients (4 in August) had unplanned admissions to Intensive Care (Safari, Fox and Rainforest Gastro).

The resuscitation team review all 2222 calls and unplanned admissions to the ITU and noted several examples of good practice and documentation this month in relation to the management of deteriorating patients

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

There were 5 incidents reported about unsafe staffing levels on the wards:-
- 3 incidents related to staffing on Flamingo ward (CICU) due to volume and acute complexity of patients.
- 1 incident related to Bear Ward due to shortage of staff and dependency of patients
- 1 incident related to Squirrel ward due to staff sickness and 2 patients acuity.

5.6.1   It should be noted that the cardiac unit continue to experience a lot of pressures on nurse staffing levels due to the high volume of patients on the bridge to transplant programme an action plan is in place.

5.7   **Pals concerns raised by families regarding nurse staffing - 2**

Cardiac – Pals referral received from parents of patients who had had their cardiac surgery cancelled due to no being bed. No concerns raised regarding nurse staffing levels.

5.8   **Complaints re nurse safe staffing - 1**

Cardiac - formal complaint received relating to a patients cardiac surgery being cancelled late in the afternoon on the day of surgery due to lack of staff on the intensive care unit.

5.9   All issues noted in 5.4, 5.7, 5.8 and 5.10 are under investigation by the respective Head of Nursing.

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

- Overall response rate for September was 33.09% a very slight increase compared with August 2015 32.96%. (The overall target is 40% response rate increasing to 60% at the end of Quarter 4 2015/16)
- The overall percentage to recommend score is 98.1%
- For September families that were extremely likely to recommend GOSH to their friends and family equalled 276 (86.2%) and 38 (11.9%) responded as likely to recommend compared with 273 (83.5%) and 49 (15%) in August.
- 2 families provided examples praising staff about care, compassion and professionalism on Penguin and Sky. Conversely negative feedback was also received for Badger relating to staff being unprofessional about parental concerns.

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 September, 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. Whilst recruitment of staff is a high priority there will be a shift in focus on improving retention rates of nurses, work is underway to plan our 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.

Appendix 1: UNIFY Safe Staffing Submission – September 2015

	Only complete sites your organisation is accountable for		Main 2 Specialties on each ward		Day				Night				Day	Day	Night	Night
Hospital Site Details					**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/midwiv es (%)**	**Average fill rate - care staff (%)**
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name	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				
RP401	Great Ormond Street Hospital Central London Site -	Badger Ward	340 - RESPIRATORY MEDICINE		2319	2341.25	344	406.5	2067	2037.8	344	239	101.0%	118.2%	98.6%	69.5%
RP401	Great Ormond Street Hospital Central London Site -	Bear Ward	170 - CARDIOTHORACIC SURGERY	321 - PAEDIATRIC CARDIOLOGY	2731	3060.5	591	718.15	2731	2830.9	341	347	112.1%	121.5%	103.7%	101.8%
RP401	Great Ormond Street Hospital Central London Site -	Flamingo Ward	192 - CRITICAL CARE MEDICINE		6779	6987.58	343	206	6390	6433.4	206	108	103.1%	60.1%	100.7%	52.4%
RP401	Great Ormond Street Hospital Central London Site -	Miffy Ward (TCU)	340 - RESPIRATORY MEDICINE		690	753.8	1035	910	690	629.6	690	503.5	109.2%	87.9%	91.2%	73.0%
RP401	Great Ormond Street Hospital Central London Site -	Neonatal Intensive Care Unit	192 - CRITICAL CARE MEDICINE		3077	3512.3	341	0	3077	2680	0	0	114.1%	0.0%	87.1%	-
RP401	Great Ormond Street Hospital Central London Site -	Paediatric Intensive Care Unit	192 - CRITICAL CARE MEDICINE		5842	6556.65	343	254	5842	5205.6	343	108	112.2%	74.1%	89.1%	31.5%
RP401	Great Ormond Street Hospital Central London Site -	Elephant Ward	370 - MEDICAL ONCOLOGY	823 - HAEMATOLOGY	1633	1671.05	345	322	1380	1153.2	345	251.9	102.3%	93.3%	83.6%	73.0%
RP401	Great Ormond Street Hospital Central London Site -	Fox Ward	303 - CLINICAL HAEMATOLOGY	313 - CLINICAL IMMUNOLOGY and ALLERGY	2070	1631	345	299	1932	1255	345	270.7	78.8%	86.7%	65.0%	78.5%
RP401	Great Ormond Street Hospital Central London Site -	Giraffe Ward	313 - CLINICAL IMMUNOLOGY and ALLERGY	350 - INFECTIOUS DISEASES	1035	1116	345	208.5	1035	872.4	345	187.1	107.8%	60.4%	84.3%	54.2%
RP401	Great Ormond Street Hospital Central London Site -	Lion Ward	370 - MEDICAL ONCOLOGY	303 - CLINICAL HAEMATOLOGY	1633	1640.32	345	329.2	1380	1131.6	345	302.25	100.4%	95.4%	82.0%	87.6%
RP401	Great Ormond Street Hospital Central London Site -	Penguin Ward	330 - DERMATOLOGY	410 - RHEUMATOLOGY	943	1078.6	345	615.84	690	590.2	345	97.2	114.4%	178.5%	85.5%	28.2%
RP401	Great Ormond Street Hospital Central London Site -	Robin Ward	350 - INFECTIOUS DISEASES	313 - CLINICAL IMMUNOLOGY and ALLERGY	1968	1386.45	343	227.75	1716	1241.15	343	277	70.4%	66.4%	72.3%	80.8%
RP401	Great Ormond Street Hospital Central London Site -	Bumblebee Ward	171 - PAEDIATRIC SURGERY	420 - PAEDIATRICS	2259	2139	322	512.8	1936	1914.85	645	516.75	94.7%	159.3%	98.9%	80.1%
RP401	Great Ormond Street Hospital Central London Site -	Butterfly Ward	370 - MEDICAL ONCOLOGY	420 - PAEDIATRICS	2760	2251.25	345	618	2070	1283.9	345	277	81.6%	179.1%	62.0%	80.3%
RP401	Great Ormond Street Hospital Central London Site -	Eagle Ward	361 - NEPHROLOGY		2216	2746.3	685	802.73	1371	1287.3	342	209.4	123.9%	117.2%	93.9%	61.2%
RP401	Great Ormond Street Hospital Central London Site -	Kingfisher Ward	420 - PAEDIATRICS		1748	1659.4	897	552.5	331	411.1	0	32.4	94.9%	61.6%	124.2%	-
RP401	Great Ormond Street Hospital Central London Site -	Rainforest Ward (Gastro)	301 - GASTROENTEROLOGY		943	910.15	690	333.75	690	662	690	302.1	96.5%	48.4%	95.9%	43.8%
RP401	Great Ormond Street Hospital Central London Site -	Rainforest Ward (Endo/Met)	302 - ENDOCRINOLOGY		1035	1166.45	690	207	1035	858.7	345	291.3	112.7%	30.0%	83.0%	84.4%
RP401	Great Ormond Street Hospital Central London Site -	Mildred Creak	711- CHILD and ADOLESCENT PSYCHIATRY		1087	1225	606	435.55	494	421.2	448	350.5	112.7%	71.9%	85.3%	78.2%
RP401	Great Ormond Street Hospital Central London Site -	Koala Ward	150 - NEUROSURGERY	421 - PAEDIATRIC NEUROLOGY	3129	2784.6	330	389	3041	2479.6	330	98.6	89.0%	117.9%	81.5%	29.9%
RP401	Great Ormond Street Hospital Central London Site -	Peter Pan Ward	120 - ENT	160 - PLASTIC SURGERY	1522	1502.5	590	333.5	1431	1318.7	0	22.3	98.7%	56.5%	92.2%	-
RP401	Great Ormond Street Hospital Central London Site -	Sky Ward	110 - TRAUMA & ORTHOPAEDICS	171 - PAEDIATRIC SURGERY	1916	1554.2	668	855.75	1871	1498.2	0	22.25	81.1%	128.1%	80.1%	-
RP401	Great Ormond Street Hospital Central London Site -	Squirrel Ward	171 - PAEDIATRIC SURGERY	101 - UROLOGY	2832	2478.75	668	887.25	2542	2261.87	0	22.3	87.5%	132.8%	89.0%	-

Appendix 2: Overview of Ward Nurse Staffing – September 2015

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	43.0	-3.5	7.5	7.0	0.5	47.0	-3.0	3.0	-6.0			0	0.0
	Bear	22	47.7	49.8	-2.1	9.0	9.0	0.0	56.7	-2.1	8.4	-10.5	1.0		0	0.2
	Flamingo	17	121.0	104.4	16.6	10.8	3.0	7.8	131.8	24.4	22.7	1.7	3.0	1.0	0	0.1
	Miffy (TCU)	5	14.1	11.4	2.7	7.8	5.0	2.8	21.9	5.5	5.2	0.3	2.0	1.0	0	0.0
	NICU	8	51.5	47.0	4.5	5.2	0.0	5.2	56.7	9.7	8.7	1.0		1.0	0	0.1
	PICU	13	83.0	94.9	-11.9	8.9	3.0	5.9	91.9	-6.0	10.6	-16.6	8.0		0	0.0
ICI-LM	Elephant	13	25.0	26.7	-1.7	5.0	5.1	-0.1	30.0	-1.8	1.9	-3.7			0	0.0
	Fox	10	31.0	28.5	2.5	5.0	4.9	0.1	36.0	2.6	1.1	1.5			0	0.0
	Giraffe	7	19.0	20.0	-1.0	3.1	3.0	0.1	22.1	-0.9	1.9	-2.8			0	0.0
	Lion	11	22.0	23.0	-1.0	4.0	4.0	0.0	26.0	-1.0	3.8	-4.8		1.0	0	0.0
	Penguin	9	15.5	18.0	-2.5	5.8	5.6	0.2	21.3	-2.3	0.9	-3.2			0	0.0
	Robin	10	27.2	26.7	0.5	4.5	4.9	-0.4	31.7	0.1	2.7	-2.6			0	0.0
IPP	Bumblebee	21	38.3	32.5	5.8	9.7	9.0	0.7	48.0	6.5	6.6	-0.1		1.0	0	1.3
	Butterfly	18	37.2	28.4	8.8	10.5	7.9	2.6	47.7	11.4	3.9	7.5	2.0	2.0	0	0.0
MDTS	Eagle	21	39.5	31.6	7.9	10.5	10.0	0.5	50.0	8.4	3.6	4.8	1.0		0	0.1
	Kingfisher	16	17.1	15.2	1.9	6.2	3.8	2.4	23.3	4.3	0.6	3.7		1.0	0	0.0
	Rainforest Gastro	8	17.0	15.0	2.0	4.0	4.5	-0.5	21.0	1.5	3.6	-2.1			0	0.0
	Rainforest Endo/Met	8	15.6	16.4	-0.8	5.2	4.5	0.7	20.8	-0.1	2.3	-2.4		1.0	0	0.0
Neurosciences	Mildred Creak	7	11.8	12.2	-0.4	7.8	6.6	1.2	19.6	0.8	0.7	0.1			0	0.0
	Koala	24	48.2	44.3	3.9	7.8	5.0	2.8	56.0	6.7	4.7	2.1	2.0		0	1.0
Surgery	Peter Pan	16	24.5	24.0	0.5	5.0	5.0	0.0	29.5	0.5	1.4	-0.9			0	0.2
	Sky	18	31.0	25.3	5.7	5.2	5.0	0.2	36.2	5.9	4.7	1.2	1.0		0	0.6
	Squirrel	22	43.6	42.6	1.0	7.0	6.0	1.0	50.6	2.0	6.6	-4.6			0	0.7
	TRUST TOTAL:	**319**	**820.3**	**780.9**	**39.4**	**155.5**	**121.8**	**33.7**	**975.8**	**73.1**	**109.3**	**-36.2**	**20.0**	**9.0**	**0.0**	**4.3**