

Item 2.2 Appendix A

Division of Medicine Staffing Paper January 2017

Cherry Ward and Maple Suite

Cherry Ward: Is a 10 bedded unit with single rooms, all rooms having en suite facilities. This ward was opened in August 2015 to accommodate patients who have Cystic Fibrosis (CF) and also for Cardiology patients. The ward is supported by (CF) Nurse Specialists and Advanced Nurse Practitioners who support the cardiology patients. The ward remains the cohort ward for children admitted to the Trust. The ward also facilitates private day case patients when Maple Suite has no capacity.

Maple Suite: Comprises of 13 single rooms. The ward has six designated private patient beds and six designated beds for patients with Cystic Fibrosis and one room which is utilized to adapt and flex to the Trust requirements.

Funded establishment and actual staffing (for both Cherry and Maple)

Cherry Ward Budget has now been combined with Maple Suite budget to function as one ward area, from January 2017. This budget has now changed due to nursing CIPS and will be updated.

FTE Dec 2015	FTE May 2016	FTE Jan 2017	Actual Jan 2017
18.65	19.40	42.42	40.15

Planned staffing required for each shift for Cherry Ward and Maple Suite

Day	Early	Late	Night
Mon - Fri	2RN/1AP/1HCA	2RN/1HCA	2RN/ 1HCA
Sat - Sun	2RN/1HCA	2RN/1HCA	2RN/ 1HCA

Patient Dependency Tool (AUKUH): Cherry

AUKUH WTE November 2015	AUKUH WTE May 2016	AUKUH December 2016
15.1	17.1	17.78

Patient Dependency Tool (AUKUH): Maple

AUKUH WTE November 2015	AUKUH WTE May 2016	AUKUH December 2016
18.52	17.32	19.92

Professional Judgment Tool: Cherry

Prof Judgment December 2015	Prof Judgment June 2016	Prof Judgment December 2016
18.2	17.5	18.2

Professional Judgment Tool: Maple

Prof Judgment Dec 2015	Prof Judgment June 2016	Prof Judgment December 2016
20.4	18.5	18.2

Registered Nurse /Health Care Assistant % split: Cherry

RN/HCA Split June 2016	RN/HCA Split December 2016
63/35	68/32

Registered Nurse /Health Care Assistant % split: Maple

RN/HCA Split June 2016	RN/HCA Split December 2016
60/40	60/40

Registered Nurse to Bed Ratio per shift:

	Cherry	Maple
Early	1:5	1:6.5
Late	1:5	1:6.5
Night	1:5	1:6.5

Workforce Information:

	Absence rate % (YTD)	YTD Turnover rate (YTD)	Mandatory Training % (Dec 2016)	PDRs % (Dec 2016)
Maple & Cherry	8.52	12.68	99%	86%

Turnover rate is high for this reporting period, a proportion of this is due to the management of sickness and a proportion of healthy turnover.

Quality Indicators/ Exceptions (June 2016-December 2016): Cherry and Maple

	Number
Medication Errors:	11
Falls	1
Pressure ulcers	0
Complaints	2

Comments

The management of Cherry ward has now been combined with Maple Suite; the 2 wards are managed by 1 ward manager. This model is currently working well, and the ward manager has introduced a new model of care, to formulate the 2 teams working together.

ECS for Cherry and Maple

ECS is green for both areas all results above 90% and the teams are working through the action plan, to support the improvements as recommended.

Both Cherry and Maple have had some long term sickness, which is currently being managed with HR, management plans for all staff have been devised to support the staff throughout their sickness. A new model of care will be introduced in January 2017 which will involve the CF nurses becoming ward based and supporting both clinical areas.

Area	Element overall %	Breakdown of each Element %				
Maple Suite	Keeping Patients Safe Part A = 93%	Clinical Record Keeping 96%	Elements of care 89%	Management of medicines 92%	Incident reporting 100%	
Green Outcome To be reassessed July 2017 Ward Manager should have action plan	Keeping Patients Safe Part B = 98%	Meeting nutritional needs 97	Safeguarding 99%	End of life 100%	Tissue Viability 98%	
	Keeping Patients Safe Environment = 97%	Infection prevention 98%	Environment 98%	Management of medications 90%	Safety & Suitability of Equipment 100%	Safety & Suitability of premises 98%
	Keeping patients Safe Staff Training= 98%	Staff Training 98%				
	Being Effective= 99%	Respecting & Involving people who use our services 99%	Complaints 100%			
	Leadership= 100%	Leadership 100%				
	Friends & Family = 98%	Responsive to people’s needs 98%				

Area	Element overall %	Breakdown of each Element %				
Cherry ward	Keeping Patients Safe Part A = 97%	Clinical Record Keeping 94%	Elements of care 99 %	Management of medicines 97%	Incident reporting 100%	
Green Outcome To be reassessed July 2017 Ward Manager should have action plan	Keeping Patients Safe Part B = 97%	Meeting nutritional needs 93%	Safeguarding 100%	End of life 100%	Tissue Viability 100%	
	Keeping Patients Safe Environment =96%	Infection prevention 96%	Environment 100%	Management of medications 80%	Safety & Suitability of Equipment 100%	Safety & Suitability of premises 100%
	Keeping patients Safe Staff Training=100%	Staff Training 100%				
	Being Effective= 95%	Respecting & Involving people who use our services 95 %	Complaints 97%			
	Leadership=99%	Leadership 99%				
	Friends & Family = 95%	Responsive to people’s needs 95%				

Nursing CIPS

£32,877 has been released from the budget for CIP from December 2016

Birch Ward:

Birch ward is a 42 bedded Medical ward, which facilitates both cardiology and chest medicine patients. The ward has 8 telemetry slots for patients who require telemetry and has the ability to flex for both male and female patients due to the lay out of the areas. The ward compromises of both inpatients and day case patients who require procedures, and acute transfers from other organizations.

The ward is currently being managed by a temporary ward manager from Holly Suite and the ward manager vacancy is currently out to advert.

Funded establishment and actual staffing

FTE Dec 2015	FTE May 2016	FTE Jan 2017	Actual Jan 2017
48.89	48.92	48.89	45.81

Planned staffing required for each shift for Birch Ward:

Day	Early	Late	Night
Mon - Fri	7RN/4HCA	7RN/4HCA	4RN/ 2HCA
Sat - Sun	7RN/3HCA	7RN/3HCA	4RN/ 2HCA

Patient Dependency Tool (AUKUH): AUKUH is a higher for this reporting period due to increased patients requiring enhanced levels of care

AUKUH WTE November 2015	AUKUH May 2016	AUKUH December 2016
46.8	62.9	64.29

Professional Judgment Tool:

Prof Judgment December 2015	Prof Judgment May 2016	Prof Judgment December 2016
49.8	49.8	47.8

Registered Nurse /Health Care Assistant % split:

RN/HCA Split June 2016	RN/HCA Split December 2016
62/38	68/32

Registered Nurse to Bed Ratio per shift:

Early	1:7
Late	1:7
Night	1:10.5

Workforce Information: the ward manager has a plan in place to complete all of the PDRS working alongside the band 6 team.

Absence rate % (YTD)	YTD Turnover rate% (YTD)	Mandatory Training % (Dec 2016)	PDRs % (Dec 2016)
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5.53	6.98	94%	72%
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Quality Indicators/ Exceptions (June 2016 - December 2016):

	Number
Medication Errors:	22
Falls	8
Pressure ulcers	0
Complaints	2

Birch ward have had 22 medication errors but there has been no harm to patients, ongoing training and development has been undertaken with the staff.

Falls have been an issue on Birch and work has been undertaken to reduce the falls.

Comments:

All shifts have been monitored and reported as safe. Where planned staffing has not been met bank and agency has been requested or staff has moved from other ward areas to support. Where shifts have been unfilled, the teams have modified the way in which they work which has kept the ward safe. There has been some long term sickness and this is being managed in line with Trust policy.

Nursing CIP

£32,877 has been released from the Birch for nursing CIP

ECS for Birch

Green with an action plan to support future developments into looking at gold ward status.

Area	Element overall %	Breakdown of each Element %				
Birch ward	Keeping Patients Safe Part A = 93%	Clinical Record Keeping 97%	Elements of care 95 %	Management of medicines 92%	Incident reporting 100%	
Green Outcome To be reassessed July 2017 Ward Manager should have action plan	Keeping Patients Safe Part B = 89%	Meeting nutritional needs 87%	Safeguarding 75%	End of life 96%	Tissue Viability 100%	
	Keeping Patients Safe Environment =96%	Infection prevention 98%	Environment 97%	Management of medications 94%	Safety & Suitability of Equipment 98%	Safety & Suitability of premises 93%
	Keeping patients Safe Staff Training=97%	Staff Training 97%				
	Being Effective= 88%	Respecting & Involving people who use our services 88%	Complaints 87%			
	Leadership=84%	Leadership 84%				
	Friends & Family = 93%	Responsive to people’s needs 93%				

Holly Suite:

Holly Suite is a facility for patients who require elective and non-elective procedures and also for patients transferred from external hospitals, including patients who have Acute Coronary Syndrome (ACS).

Holly Suite comprises two separate areas for patients' care. One area where patients remain in their own clothing (the lounge) and one area for patients who are required to be out of their own clothing (the atrium). All clinical work takes place in one of the six adjacent consultation rooms where patients' privacy can be maintained. There is a step down recovery area consisting of six trolleys. Holly Suite also has an endoscopy suite and a treatment room for clinical procedures e.g. provocation tests, GA bronchoscopies.

Funded establishment and actual staffing:

FTE Dec 2015	FTE May 2016	FTE Dec 2016	Actual Dec 2016
23.37	24.97	24.97	24.91

Planned staffing required for each shift for Holly Suite:

Day	Early	Late
Monday	4+3+4	4+2+2
Tuesday	4+2+3	4+2+2
Wednesday	4+3+4	4+2+2
Thursday	4+3+4	4+2+2
Friday	4+2+3	4+2+2

Patient Dependency Tool (AUKUH):

AUKUH WTE November 2015	AUKUH WTE May 2016	AUKUH WTE December 2016
27.3	27.2	23.52

Professional Judgment Tool:

Prof Judgment December 2015	Prof Judgment June 2016	Prof Judgment December 2016
24.3	24.3	24.3

Registered Nurse /Health Care Assistant % split:

RN/HCA Split June 2016	RN/HCA Split December 2016
66/34	64/36

Registered Nurse to Bed Ratio per shift:

Early	1:6
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Late	1:6
Night	N/A

Workforce Information:

Absence rate % (YTD)	YTD	Turnover rate (YTD)	Mandatory Training % (Dec 2016)	PDRs % (Dec 2016)
5.29	2.22		100%	100%

Quality Indicators/ Exceptions (June 2016 – December 2016):

	Number
Medication Errors:	2
Falls	0
Pressure ulcers	0
Complaints	0

ECS for Holly

ECS for Holly is green and recommendations for improvements will be formulated in an action plan.

Area	Element overall %	Breakdown of each Element %				
Holly Suite	Keeping Patients Safe Part A = 91%	Clinical Record Keeping 90%	Elements of care 81%	Management of medicines 98%	Incident reporting 95%	
Green Outcome To be reassessed July 2017 Ward Manager should have action plan	Keeping Patients Safe Part B = 95%	Meeting nutritional needs 95%	Safeguarding 91%	End of life 97%	Tissue Viability 98%	
	Keeping Patients Safe Environment = 98%	Infection prevention 96%	Environment 100%	Management of medications 100%	Safety & Suitability of Equipment 98%	Safety & Suitability of premises 100%
	Keeping patients Safe Staff Training= 100%	Staff Training 100%				
	Being Effective= 93%	Respecting & Involving people who use our services 93%	Complaints 92 %			
	Leadership= 83%	Leadership 83%				
	Friends & Family = 100%	Responsive to people’s needs 100%				

Nursing CIP

CIP for Holly will be reviewed prior to April 2017

CCU:

The Coronary Care Unit (CCU) comprises of 10 single rooms for patients suffering a variety of cardiac complaints requiring cardiac / hemodynamic monitoring who are assessed as requiring Level 2 care.

This can include;

- Primary Percutaneous Coronary Intervention (PPCI) patients
- High risk Acute Coronary Syndrome patients needing coronary intervention
- High risk patients with arrhythmias needing cardiac monitoring, intravenous drugs and or/devices
- Unstable heart failure patients requiring invasive monitoring or intravenous medications
- Post cardiac arrest patients
- High risk patients awaiting cardiac surgery

The AUKUH is not developed for High Dependency areas and staffing is based on a 1:2 bedded ratio as set by the ICS and Critical Care Network guidance. Need to say more about the levels work in here. The work undertaken to review the levels of care in CCU is being progressed and will lead to a further review of nurse staffing in this area.

Funded establishment and actual staffing

FTE Nov 2015	FTE May 2016	FTE Dec 2016	Actual Dec 2016
47.6	47.60	47.60	45.45

Planned staffing required for each shift for CCU:

Day	Early	Late	Night
Mon - Sunday	6RN/1AP/1HCA	7RN/1HCA	7RN/1HCA

Comments:

Overall shifts have been staffed safely. All shifts are monitored carefully and bank and agency requested when needed.

A new role has been developed during this reporting period of a practice educator role, to support develop and educate the staff, this has been funded within existing resources. Further work is to be undertaken to review the models of care and staffing numbers on all shifts.

ECS for CCU

ECS is green an action plan is being devised by CCU to work on the required improvements.

Professional Judgment Tool:

Prof Judgment Dec 2015	Prof Judgment May 2016	Prof Judgment Dec 2016
46.7	46.7	46.7

Registered Nurse /Health Care Assistant % split:

RN/HCA Split June 2016	RN/HCA Split Dec 2016
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88/12	86/14
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Registered Nurse to Bed Ratio per shift:

Early	1:2
Late	1:2
Night	1:2

Workforce Information:

Absence rate % (YTD)	YTD rate (YTD)	Turnover	Mandatory Training % (Dec 2016)	PDRs % (Dec 2016)
3.39	0		96%	96%

Quality Indicators/ Exceptions (June 2016 - December 2016):

	Number
Medication Errors:	13
Falls	1
Pressure ulcers	2
Complaints	0

Nursing CIP

£12,278 has been removed from the Budget December 2016 for nursing CIP, further review of the model of care and staffing numbers will be undertaken prior to April 2017.

ECS:

Area	Element overall %	Breakdown of each Element %				
CCU	Keeping Patients Safe Part A = 98%	Clinical Record Keeping 96%	Elements of care 97%	Management of medicines 99%	Incident reporting 99%	
Green Outcome To be reassessed July 2017 Ward Manager should have action plan	Keeping Patients Safe Part B = 96%	Meeting nutritional needs 93%	Safeguarding 98%	End of life 97%	Tissue Viability 98%	
	Keeping Patients Safe Environment = 99%	Infection prevention 100%	Environment 100%	Management of medications 98%	Safety & Suitability of Equipment 100%	Safety & Suitability of premises 98%
	Keeping patients Safe Staff Training= 99%	Staff Training 99%				
	Being Effective= 96%	Respecting & Involving people who use our services 98%	Complaints 89%			
	Leadership= 96%	Leadership 96%				
	Friends & Family = 95%	Responsive to people’s needs 95%				

Catheter Lab:

Comprises of 5 catheter labs, a recovery area and bronchoscopy suite.

Funded establishment and actual staffing

FTE Nov 2015	FTE May 2016	FTE Dec 2016	Actual Dec 2016
23.59	23.59	23.59	21.47

Planned staffing required for each shift for Cath Lab:

Registered Nurses per day	11
Non Registered per day	2
On Call Registered Nurse	1

Professional Judgment Tool: there is an increase during this reporting period due to the added anesthetic services

Prof Judgment Nov 2015	Prof Judgment June 2016	Prof Judgment Dec 2016
25.59	28.3	29.25

Registered Nurse /Health Care Assistant % split:

RN/HCA Split Nov 2015	RN/HCS Split June 2016	RN/HCA Split Dec 2016
79/21	81/19	80/20

Workforce Information:

Absence rate % (YTD)	YTD rate (YTD)	Turnover	Mandatory Training % (Dec 2016)	PDRs % (Dec 2016)
3.39	3.57		93%	87%

Quality Indicators/ Exceptions (June 2016-December 2016):

	Number
Medication Errors:	1
Falls	0
Pressure ulcers	0
Complaints	2

The Catheter Lab has had difficulty with recruitment which has meant a reliance on agency to fulfill specialist roles. The Manager, Head of Nursing and HR are working on a specific campaign to attract staff to work in the area. The rotation programme has now commenced in Cardiology which will mean that staff are able to work in the Lab which will increase skills and knowledge and also improve staffing numbers.

2 nurses have been recruited from overseas and will be due to commence in March 2017, this will show a decrease in the agency spend for registered nurses.

ACS 7 day working will be implemented in February 2017, further professional judgment will be undertaken to review staffing numbers.

Nursing CIP A review of nursing CIP will be undertaken prior to April 2017.

ECS: Green status achieved.

Area	Element overall %	Breakdown of each Element %				
	Safe Part A = 98%	Record Keeping 100%	100%	medicines 95%		
Green Outcome To be reassessed July 2017 Dept Manager should have action plan	Keeping Patients Safe Part B = 99%	Meeting nutritional needs 100%	Safeguarding 99%	End of life 98%	Tissue Viability 98%	
	Keeping Patients Safe Environment = 100%	Infection prevention 99%	Environment 100%	Management of medications 100%	Safety & Suitability of Equipment 100%	Safety & Suitability of premises 100%
	Keeping patients Safe Staff Training= 100%	Staff Training 100%				
	Being Effective= 99%	Respecting & Involving people who use our services 99%	Complaints 100%			
	Leadership= 98%	Leadership 98%				
	Friends & Family = 100%	Responsive to people’s needs 100%				

