

Item 2.2 Appendix B

Nurse Staffing Paper for the Division of Surgery January 2017

Cedar Ward: – This is a 34 bedded ward comprising of five bays of 4 beds and 14 individual rooms that are open 24:7. All single rooms have en-suite facilities and each bay has an assisted bathroom outside. The ward specialises in caring for patients following cardiac surgery and also manages some patients with cystic fibrosis.

Funded establishment and actual staffing (This does not include the Ward Manager or Admin staff)

FTE June 2016	FTE Dec 2016	Actual Dec 2016
49.51	47.6*	39.6

*This ward swapped with Oak ward and so staffing establishments were adjusted accordingly. Please note all posts have been recruited to and will be in post by end of March 2017.

Planned staffing required for each shift

Day	Early	Late	Night
Mon - Sun	6RN & 3HCA	6RN & 3HCA	4RN & 3HCA

Patient Dependency Tool (AUKUH):

AUKUH WTE Nov 2015	AUKUH WTE June 2016	AUKUH WTE Dec 2016
41.99	45.89	43.37

Professional Judgement Tool:

Prof Judgement Nov 2015	Prof Judgement June 2016	Prof Judgement Dec 2016
47.9	48.6	47.7

Registered Nurse /Health Care Assistant % split:

RN/HCA Split June 2016	RN/HCA Split Jan 2017
61/39	62/38

Registered Nurse to Bed Ratio per shift:

Early	1:6
Late	1:6
Night	1:8.5

Workforce Information:

Absence rate % (Dec 2016)	Absence rate % (YTD)	Mandatory Training % (Dec 2016)	PDRs % (Dec2016)
10.86	9.01	93	88

Quality Indicators/ Exceptions (July 2016 – Dec 2016):

	Number
Medication Errors:	26
Falls	21
Pressure ulcers	0
Complaints	3

Comments:

In October 2016, the thoracic patients from Cedar ward were moved to Oak ward to allow Cedar ward to be solely cardiac surgery (with the exception of a couple of patients with cystic fibrosis). With this move, there was a change in leadership, the merging of two nursing teams, a new environment, several vacancies and merging of ways of working, which resulted in concerns being raised regarding ward leadership, organisation and nursing care. Extensive immediate support was provided to the ward with clarity regarding standards and expectations. Following this investment of support and enhanced leadership, albeit early days, significant positive changes are being noted by the Head of Nursing and Senior Nursing Team.

There has been considerable recruitment for Cedar ward (including international recruitment) during the last 12 months and all vacancies have been appointed to with all staff due to commence in post by end of March 2017.

The quality indicators noted are pertaining to Cedar (Cardiothoracic surgery between July – 14th Oct 2016 and then Cardiac surgery only on Cedar ward between 15th Oct-Dec 2016). Out of the 26 medication errors, 7 of them were near misses and did not result in any harm to patients. There are also errors in relation to the documentation of controlled drug medications which is as a result of the viscosity of the liquid and losing some volume during the measurements. This has not caused any harm to patients. The reporting culture within surgery is very positive with 4 out of the 5 surgical areas being in the top 5 areas for reporting incidents across the Trust. Significant work has been undertaken in surgery to date to reduce falls with benchmarking taking place with other Trusts (e.g. Papworth and Royal Brompton) to identify any other ways of reducing them.

ECS Result: An amber status was achieved in December 2016 for Cedar ward with a repeat assessment due end of January 2017. It is hoped that following an investment in leadership and organisation, that a green status will follow. This is being presented to Governance Committee along with the action plan for improvements.

Area	Element overall %	Breakdown of each Element %				
Cedar ward	Keeping Patients Safe Part A = 82%	Clinical Record Keeping 100%	Elements of care 80%	Management of medicines 74%	Incident reporting 70%	
Amber outcome To be reassessed End Jan 2017 Ward Manager should have action plan	Keeping Patients Safe Part B = 81%	Meeting nutritional needs 77%	Safeguarding 80%	End of life 76%	Tissue Viability 97%	
	Keeping Patients Safe Environment =89%	Infection prevention 95%	Environment 96%	Management of medications 97%	Safety & Suitability of Equipment 97%	Safety & Suitability of premises 73%
	Keeping patients Safe Staff Training=86%	Staff Training 86%				
	Being Effective= 76%	Respecting & Involving people who use our services 82%	Complaints 57%			
	Leadership=58%	Leadership 58%				
	Friends & Family = 85%	Responsive to people’s needs 85%				

Nursing CIP: Achieved CIP of £15,091 due to reducing RN uplift. In addition, (due to the ward swap and reassessment of staffing establishments), it has been identified that there is a cost saving of £96,000 between Oak ward and Cedar ward which has been achieved.

Oak Ward: – This is a 20-bedded ward, comprising of 2 bays of 4 beds and 12 individual rooms with en-suite facilities, specialising in thoracic surgery.

Funded establishment and actual staffing (This does not include the Ward Manager or Admin staff)

FTE June 2016	FTE Dec 2016	Actual FTE Dec 2016
33.35	34.7*	29.7

*This ward swapped with Cedar ward and so staffing establishments have been adjusted accordingly. Please note all vacancies have been appointed to and will be in post by April 2017.

Planned staffing required for each shift

Day	Early	Late	Night
Mon - Sun	4RN and 3HCA or 3RN 1AP and 3HCA	4RN and 3HCA or 3RN 1AP and 3HCA	3RN and 2HCA or 2RN 1AP 2HCA

Patient Dependency Tool (AUKUH):

AUKUH WTE Nov 2015	AUKUH WTE June 2016	AUKUH WTE Dec 2016
28.0	29.07	31.86*

Professional Judgement Tool:

Prof Judgement Nov 2015	Prof Judgement June 2016	Prof Judgement Dec 2016
33.4	33.4	34.7

Registered Nurse /Health Care Assistant % split:

RN/HCA Split Nov 2015	RN/HCA Split June 2016	RN/HCA Split Dec 2016
63/37	63/37	55/45

Registered Nurse to Bed Ratio per shift:

Early	1:5
Late	1:5
Night	1:6.6

Workforce Information:

Absence rate % (Dec 2016)	Absence rate % (YTD)	Mandatory Training % (Dec 2016)	PDRs % (Dec 2016)
7.14	6.63	92	94

Quality Indicators/ Exceptions (July 2016 - Dec 2016):

	Number
Medication Errors:	11
Falls	17
Pressure ulcers	0
Complaints	2

Comments: The quality indicators noted are pertaining to Oak ward (Cardiac surgery only between July – 14th Oct 2016 and then thoracic surgery only on Oak ward between 15th Oct-Dec 2016). As already noted within Cedar wards report, extensive work is underway to reduce falls within the Division. The RN / HCA split is lower than the 65/35 split due to the use of the assistant practitioners within the area.

ECS Result: Green status. This is being presented to Governance Committee along with the action plan for improvements.

Area	Element overall %	Breakdown of each Element %				
Oak Ward	Keeping Patients Safe Part A = 94%	Clinical Record Keeping 100%	Elements of care 98%	Management of medicines 90%	Incident reporting 83%	
Green Outcome To be reassessed July 2017 Ward Manager should have action plan	Keeping Patients Safe Part B = 87%	Meeting nutritional needs 85%	Safeguarding 89%	End of life 89%	Tissue Viability 88%	
	Keeping Patients Safe Environment = 93%	Infection prevention 91%	Environment 100%	Management of medications 96%	Safety & Suitability of Equipment 97%	Safety & Suitability of premises 93%
	Keeping patients Safe Staff Training= 93%	Staff Training 93%				
	Being Effective= 83%	Respecting & Involving people who use our services 84%	Complaints 74%			
	Leadership= 88%	Leadership 88%				
	Friends & Family= 82%	Responsive to people’s needs 82%				

Nursing CIP: Achieved cost saving of £4515 in reducing a band 6 to a band 5 and releasing monies. Achieved CIP in reducing uplift for RNs, saving £12,518. As noted earlier, in addition, (due to the ward swap and reassessment of staffing establishments), it has been identified that there is a cost saving of £96,000 between Oak ward and Cedar ward which has been achieved.

Elm Ward: – This is a 20 bedded cardiac surgical ward, specialising in patients with a stroke, tracheostomies, telemetry and is the seasonal flu cohort ward. The ward is made up of 2 bays of 6 beds and 8 individual rooms with en-suite facilities.

Funded establishment and actual staffing (This does not include the Ward Manager or Admin staff)

FTE June 2016	FTE Dec 2016	Actual FTE Dec 2016
35.24	35.24	32

Planned staffing required for each shift

Day	Early	Late	Night
Mon - Sun	4RN and 3HCA	4RN and 2HCA	3RN and 2HCA

Patient Dependency Tool (AUKUH):

AUKUH WTE Nov 2015	AUKUH WTE June 2016	AUKUH WTE Dec 2016
34.24	31.70	29.80

Professional Judgement Tool:

Prof Judgement Nov 2015	Prof Judgement June 2016	Prof Judgement Dec 2016
34.7	35.1	33.4

Registered Nurse /Health Care Assistant % split:

RN/HCA Split June 2016	RN/HCA Split Dec 2016
62/38	62/38

Registered Nurse to Bed Ratio per shift:

Early	1:5
Late	1:5
Night	1:7

Workforce Information:

Absence rate % (Dec 2016)	Absence rate % (YTD)	Mandatory Training % (Dec 2016)	PDRs % (Dec 2016)
11.91	4.97	94	100

Quality Indicators/ Exceptions (July 2016 – Dec 2016):

	Number
Medication Errors:	11
Falls	12
Pressure ulcers	1(unavoidable)
Complaints	2

Comments: As already noted falls work is underway across the Division.

ECS: Green status. This is being presented to Governance Committee along with the action plan for improvements.

Area	Element overall %	Breakdown of each Element %				
Elm Ward	Keeping Patients Safe Part A = 94%	Clinical Record Keeping 99%	Elements of care 89%	Management of medicines 92%	Incident reporting 97%	
Green Outcome To be reassessed July 2017 Ward Manager should have action plan	Keeping Patients Safe Part B = 93%	Meeting nutritional needs 89%	Safeguarding 96%	End of life 94%	Tissue Viability 99%	
	Keeping Patients Safe Environment = 98%	Infection prevention 97%	Environment 100%	Management of medications 97%	Safety & Suitability of Equipment 99%	Safety & Suitability of premises 99%
	Keeping patients Safe Staff Training=98%	Staff Training 98%				
	Being Effective= 93%	Respecting & Involving people who use our services 95%	Complaints 89%			
	Leadership=87%	Leadership 87%				
	Friends & Family=89%	Responsive to people's needs 89%				

Nursing CIP: On target to achieve loss of 1.7wte band 5 nurses by reducing staff nurse coordinator on the early shift and reduce uplift for RNs saving £53,201 by end March 2017.

Mulberry Ward (Formerly SAU): – This unit has 12 individual rooms and is open Sunday 13.25 hours to Friday 15.00 hours. The ward provides care for both male and female patients.

Funded establishment and actual staffing (This does not include the Ward Manager or Admin staff)

FTE June 2016	FTE Dec 2016	Actual FTE Dec 2016
10.65	10.65	9.65

All posts have been recruited to and are awaiting start dates.

Planned staffing required for each shift

Day	Early	Late	Night
Mon - Thu	2RN and 1HCA	2RN and 1HCA	2RN and 1HCA
Friday	2RN and 1HCA	CLOSED	CLOSED
Saturday	CLOSED	CLOSED	CLOSED
Sunday	CLOSED	2RN and 1HCA	2RN and 1HCA

Patient Dependency Tool (AUKUH):

AUKUH WTE Nov 2015	AUKUH WTE June 2016	AUKUH WTE Dec 2016
7.71	7.18	9.72

Professional Judgement Tool:

Prof Judgement Nov 2015	Prof Judgement June 2016	Prof Judgement Dec 2016
12.1	12.1	12.1

Registered Nurse /Health Care Assistant % split:

RN/HCA Split June 2016	RN/HCA Split Dec 2016
54/46	54/46

Registered Nurse to Bed Ratio per shift:

Early	1:6
Late	1:6
Night	1:6

Workforce Information:

Absence rate % (Dec 2016)	Absence rate % (YTD)	Mandatory Training % (Dec 2016)	PDRs % (Dec 2016)
10.23	4.94	95	80

Quality Indicators/ Exceptions (July 2016 – Dec 2016):

	Number
Medication Errors:	4
Falls	2
Pressure ulcers	0
Complaints	0

Comments: An increase in sickness was noted in December due to bereavement however this was pertinent to 1 staff member. The RN / HCA split less than 65/35 split due to the reduced dependency of patients on the ward.

ECS: Green status. This is being presented to Governance Committee along with the action plan for improvements.

Plan for improvements:						
Area	Element overall %	Breakdown of each Element %				
Mulberry Ward	Keeping Patients Safe Part A = 98%	Clinical Record Keeping 99%	Elements of care 97%	Management of medicines 98%	Incident reporting 100%	
Green Outcome To be reassessed July 2017 Ward Manager should have action plan	Keeping Patients Safe Part B = 96%	Meeting nutritional needs 90%	Safeguarding 100%	End of life 100%	Tissue Viability 98%	
	Keeping Patients Safe Environment =99%	Infection prevention 99%	Environment 98%	Management of medications 98%	Safety & Suitability of Equipment 99%	Safety & Suitability of premises 99%
	Keeping patients Safe Staff Training=99%	Staff Training 99%				
	Being Effective= 96%	Respecting & Involving people who use our services 97%	Complaints 95%			
	Leadership=96%	Leadership 96%				
	Friends & Family=94%	Responsive to people's needs 94%				

Nursing CIP: No CIP for staffing is being taken from the ward due to the low establishment.

Theatres: – Theatres consist of the Meadow Suite (4-bedded forward waiting) which was designed with patients and families to provide a relaxing and calming environment prior to entering theatres, whilst also ensuring privacy and dignity is maintained at all times. There are 9 operating theatres, 1 Endoscopy Suite and a 9 bedded recovery unit.

The department provide a service to medicine, surgery and critical care. The Operating Theatres are the clinical areas involved in the provision of cardiac surgery, thoracic surgery, cardiac pacemaker implants, endoscopy procedures and recovery of patients. Emergency cardiothoracic procedures are also performed in theatres.

Funded establishment and actual staffing (This does not include the Theatre Manager, Surgical Care Practitioners or Admin staff)

FTE June 2016	FTE Dec 2016	Actual FTE Dec 2016
79.75	84.18	61.6

AUKUH, professional judgement tools are not applicable to this area.

Planned staffing required for each theatre per session

Cardiac	1 x anaesthetic practitioner (band 5/6)	2 x scrub practitioners (band 5/6)	1 x circulating practitioner
Thoracic	1.5 anaesthetic practitioners (band 5/6)	3 x scrub practitioners (band 5/6)	1 x circulating practitioner

The staffing for theatres is currently under a full review by the Theatre Matron and Head of Nursing to determine what is required and different ways of how this can effectively be achieved, whilst ensuring compliance to AfPP (Association for Perioperative Practice) guidelines. The staffing model is specific to Theatre Departments and is recognised nationally as the staffing model for best practice. This will be presented to Surgical Governance Committee.

Registered Nurse /Health Care Assistant % split:

RN/HCA Split June 2016	RN/HCA Split Dec 2016
80/20	75/25

Workforce Information:

Absence rate % (Dec 2016)	Absence rate % (YTD)	Mandatory Training % (Dec 2016)	PDRs % (Dec 2016)
4.07	3.92	98	98

Quality Indicators/ Exceptions (July 2016 – Dec 2016):

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

Comments: Significant work has been undertaken to improve mandatory training and PDRs in this area which has been driven by the Head of Nursing and the Acting Matron. Recruitment and retention of staff continues to remain an issue for the department however several staff have been encouraged to transfer from working on the agency to working on the bank. The theatre team have worked extra hours on a regular basis to ensure that patient safety has not been compromised. With national difficulties in recruiting anaesthetic staff (ODPs), work is underway with the local universities to drive this further. A review of staffing establishment and functionality is underway to ensure that staffing is optimised and vacancies reduced. This will be managed monthly between the Head of Nursing and the Theatre matron and Manager with quarterly discussions taking place at Governance Committee.

ECS: This is being presented to Governance Committee along with the action plan for improvements.

Area	Element overall %	Breakdown of each Element %				
Theatres	Keeping Patients Safe Part A = 91%	Clinical Record Keeping 93%	Elements of care 89%	Management of medicines 88%	Incident reporting 99%	
Green Outcome To be reassessed July 2017 Dept Manager should have action plan	Keeping Patients Safe Part B = 92%	Meeting nutritional needs 98%	Safeguarding 86%	End of life 90%	Tissue Viability 97%	
	Keeping Patients Safe Environment =100%	Infection prevention 100%	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 100%	Complaints 97%			
	Leadership=99%	Leadership 99%				
	Friends & Family=100%	Responsive to people’s needs 100%				

Nursing CIP: This area has been reviewing the establishment, undertaking significant work to fill vacancies and reducing the use of agency staff. This area is still to be reviewed In terms of cost improvements, as agreed with the Director of Nursing.