

Item 2.2 Appendix C

Division of Clinical Services December 2016

Critical Care and HDU

Critical Care and HDU operate as a combined unit in relation to nurse staffing. In terms of medical cover, it is managed by the Thoracic Surgical Team and not Critical Care Intensivists.

Critical Care Unit: – The Unit is split into 2 areas, a 19 bedded Post-Operative Critical Care Unit (POCCU) and an Intensive Care Unit (ICU) with 11 individual rooms, six of which include isolation capacity. There is potential for future increase the bed base by 3 (1 side room and 2 POCCU beds) and this will be reviewed throughout 2017 depending on levels of activity and availability of additional anaesthetic cover.

Thoracic HDU

HDU is a 4 bedded unit based on Cedar Ward but has been under the direct management of Critical Care since October 2015. Since the transfer of management, staff have rotated between the two units to improve levels of staff competence between the thoracic and cardiac specialties.

Funded establishment and actual staffing

The current staffing establishment as of March 2016 has been mapped according to the Guidelines for the Provision of Intensive Care Services (2015) developed by the Faculty of Intensive Care Medicine (FICM) and the Intensive Care Society (ICS). This provides a baseline of how the Unit is staffed according to the standards. The staffing establishment is based on ensuring that the standards below will be achieved;

Intensive Care Society Staffing Standards

- Level 3 patients (level guided by ICS levels of care) require a registered nurse/patient ratio of a minimum 1:1 to deliver direct care
- Level 2 patients (level guided by the ICS levels of care) require a registered nurse/patient ratio of a minimum of 1:2 to deliver direct care.
- Each designated Critical Care Unit will have an identified lead nurse who is formally recognised with overall responsibility for the nursing elements of the service e.g. Band 8a Matron.
- There will be a supernumerary clinical coordinator on duty 24/7 in Critical Care Units.
- Units with greater than 10 beds will require additional supernumerary (this person is not rostered to deliver direct patient care to a specific patient) registered nursing staff over and above the clinical coordinator to enable the delivery of safe care. The number of additional staff per shift will be incremental depending on the size and layout of the unit (e.g. multiple single rooms). Consideration needs also be given during events such as infection outbreak.

- Each Critical Care Unit will have a dedicated Clinical Nurse Educator responsible for coordinating the education, training and CPD framework for Critical Care nursing staff and pre-registration student allocation. 1 per 75 staff.
- All nursing staff appointed to Critical Care will be allocated a period of supernumerary practice.

Based on all sections above, to achieve a fully compliant staffing model against Intensive Care Society Standards, Critical Care would require **192.7wte** Registered Nurses to manage both Critical Care and HDU for an average acuity level of **18 level 3 and 16 level 2** patients.

Critical Care Staffing by Band

The staffing establishment for Critical care by each band is identified below. It includes all staff including the Management Team, Outreach and Advanced Practitioners.

	Band 8b	Band 8a	Band 7	Band 6	Band 5	Band 2
Funded WTE	1.0	2.0	17.78	31.42	128.89	19.13
Recruited to	1.0	2.0	16.35	29.07	131.84	17.02
In Post	1.0	2.0	16.35	29.07	129.84	17.02
Variance	0	0	-1.43	-1.35	+0.95	-2.5

Recommended CIP changes January 2017

A Critical Care Staffing Review paper was submitted to Operational Board in December 2017. The Board agreed a cost neutral budget from the opening balance of 2015/6. The current financial year holds a £450k bank and agency retainer within the budget based on recent reliance on temporary staffing to effectively manage the Units.

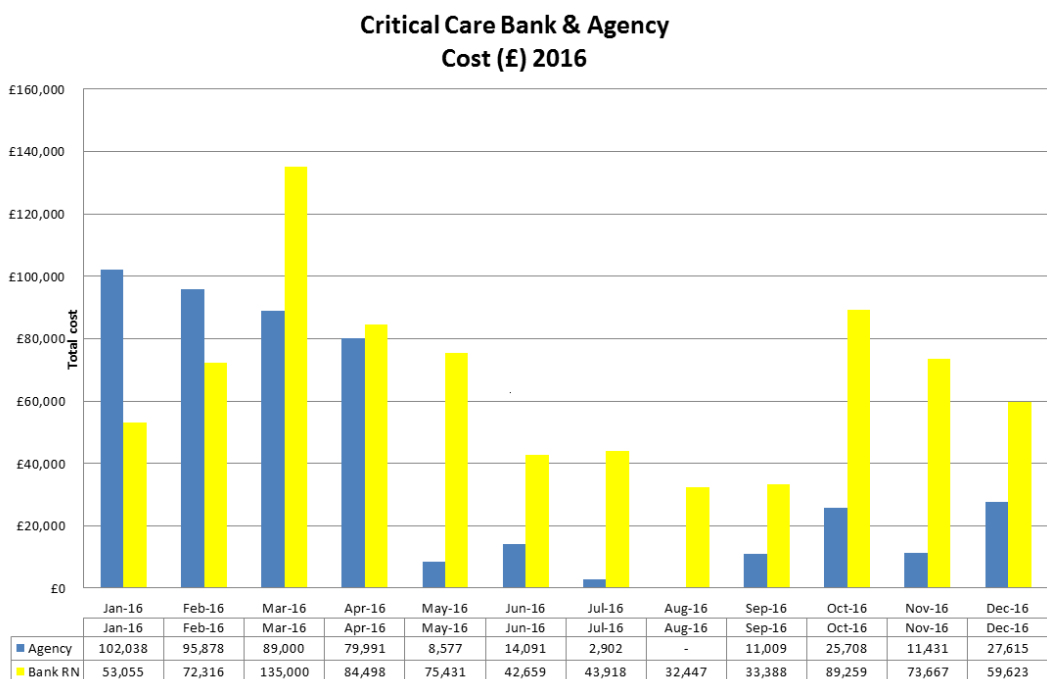
For year 2017/8 this retainer has been removed and temporary staffing expenditure will be expected to be managed from any underspend from within the substantive staffing workforce. However there will be increases in the substantive workforce at Band 5 level (increased to **141.5wte**) and Band 2 (increased by **3.4wte**).

There is plan to reduce uplift by 1% to 24% for RNs within Critical Care. There are mandatory training requirements for critical care staff including completion of a supernumerary period and a recognised accredited critical care CPD course mainly for band 5 staff qualified 1-3 yrs. As a result, efficiencies will focus on more senior bands 6-7 staff and this workforce will reduce by **1.0 band 7** and **1.35wte band 6** which are currently unfilled positions.

The changes identified above will result in a **£108K** CIP which will be further driven by effective e-roster management. All identified CIPs have been quality impact assessed (QIA) and found to have low impact in terms of quality and patient safety. The key risk relates to a potential budget overspend and small increase in temporary staffing use.

Bank and Agency spend including variance against pay budget

The total spend on bank and agency staffing has substantially reduced in the period Jun-December 2016. Total spend YTD for agency is £ 181,324 compared to a total £1.42m FYE spend for 2015/6 which is over an 80% reduction.



As of December 2016, there is a £55K overspend YTD on a staffing budget of over £8.5M. This compares very favourably to a £1.35M overspend within the last financial year.

Registered Nurse /Health Care Assistant % split:

Dec 2015	June 2016	December 2016
83/17	*90/10	90/10

*After ICA posts conversion to RN posts

Registered Nurse to Bed Ratio per shift:

RN : Patient Dependency Ratio	
Level 2	1:2
Level 3	1:1

Monthly staffing analysis shows that this ratio was managed 100% of the time for period July to December 2016.

Workforce Information:

Absence rate % (YTD)	YTD Turnover rate (YTD)	Mandatory Training % (Dec 2016)	PDRs % (Dec 2016)
3.85	7.65	93	89

Critical Care Occupancy Rates YTD:

	% Average Rate	By bed
Ward Occupancy Critical Care	86%	26/30

Quality Indicators/ Exceptions (1st July 2016 to 31st December 2016)

	Number
Medication Errors:	10
Falls	0
Pressure ulcers	4
Complaints	2

ECS for Critical Care

Area	Element overall %	Breakdown of each Element %				
Critical Care Dept	Keeping Patients Safe Part A = 94%	Clinical Record Keeping 94%	Elements of care 97%	Management of medicines 94%	Incident reporting 89%	
Green Outcome next assessment due July 2017 All Areas should have produced an action plan	Keeping Patients Safe Part B = 94%	Meeting nutritional needs 97%	Safeguarding 92%	End of life 90%	Tissue Viability 96%	
	Keeping Patients Safe Environment =93%	Infection prevention 85%	Environment 100%	Management of medications 99%	Safety & Suitability of Equipment 100%	Safety & Suitability of premises 100%
	Keeping patients Safe Staff Training=98%	Staff Training 98%				
	Being Effective= 97%	Respecting & Involving people who use our services 98%	Complaints 93%			
	Leadership=82%	Leadership 82%				
	Friends & Family=97%	Responsive to people’s needs 97%				

Comments

There have been significant improvements in staff morale within Critical Care and HDU driven by effective leadership and improved staff engagement.

There have been significant improvements in all workforce measurement parameters with sickness levels and voluntary turnover coming into line with Trust targets. As a result of improved staff retention and recruitment there has been over an 80% reduction in the use of agency staffing.

There have been 4 avoidable pressure ulcers identified his period and an identified trend of ineffective use of glide sheets due to a change in manufacturer. This has been resolved.

Overall this period has been very positive in relation to effective and safe staffing.

Outpatients Department:- Since its redevelopment, The Outpatients Department now consists of 24 consulting rooms, 2 treatment rooms, 2 assessment rooms, and 1 quiet room. It caters for a wide range of specialities including Cardiology, Thoracic, Respiratory, Cystic Fibrosis, Congenital and Oncology.

Within the Outpatients Department, the Clinical Nurse Practitioners (CNP) work alongside the staff of Outpatients to support and advise where appropriate. This is a workforce of 6.42 wte Band 7 staff. The Matron for Clinical Services also provides senior leadership to the Outpatients Team

Funded establishment and actual staffing (This does not include Admin staff)

Staff	FTE June 2016	Actual Dec 2016	FTE Dec 2016	Actual Dec 2016
Band 6	1.0	1.0	1.0	1.0
Band 5	2.4	2.0	2.4	2.0
Band 3	5.65	4.85	5.65	4.85
Band 2	3.8	3.8	3.8	3.8

Planned staffing required for each shift

Day	
Mon - Fri	Each day a minimum of 1 RN is available to run the pre-investigation clinic with a minimum of 7.0wte HCAs to co-ordinate individual clinics. An escalation process of issues is in place from the allocated RN on duty to the Matron. The CNP lead will also be informed of any significant changes or risks within the Dept. The amount of clinic rooms has increased but the level of HCA has not increased. A new “zonal” way of working is being trialed for HCA cover where they provide support to a cluster of clinic rooms.

Professional Judgement Tool:

December 2016
2.0 wte RN (including supervisory manager time)
8.6 wte HCAs required. Will be reviewed when trial of zonal working is completed

Workforce Information:

Absence rate % Nov 16	Absence rate % (YTD)	YTD Turnover rate (YTD)	Mandatory Training %YTD	PDRs % (Dec 2016)
1.51%	6.09%	0	100	100

Quality Indicators/ Exceptions (July 2016 to December 2016):

	Number
Medication Errors:	1
Falls	1 (ECG Dept not Main OPD)
Pressure ulcers	0
Complaints	0

ECS for Outpatients Department

Area	Element overall %	Breakdown of each Element %				
Outpatients Dept	Keeping Patients Safe Part A = 96%	Clinical Record Keeping 100%	Elements of care 100%	Management of medicines 100%	Incident reporting 80%	
Green Outcome next assessment due May 2017 All Areas should have produced an action plan	Keeping Patients Safe Part B = 97%	Meeting nutritional needs 95%	Safeguarding 94%	End of life 100%	Tissue Viability 100%	
	Keeping Patients Safe Environment =96%	Infection prevention 96%	Environment 100%	Management of medications 100%	Safety & Suitability of Equipment 98%	Safety & Suitability of premises 89%
	Keeping patients Safe Staff Training=94%	Staff Training 94%				
	Being Effective= 90%	Respecting & Involving people who use our services 96%	Complaints 66%			
	Leadership=80%	Leadership 80%				
	Friends & Family=98 %	Responsive to people's needs 80%				

The Amber scoring for complaints relates to staff awareness of the RET process. This has been addressed within the ECS action plan.

Nursing CIPs

A review of the CNP workload and pattern has been completed and 1.0 band 7 will be removed as a CIP

There has also been underutilisation of 0.4wte band 5 and 0.8 band 3 for this financial year and the OPD has managed effectively. As a result, these positions will also be surrendered as a recurrent CIP. All identified CIPs have been quality impact assessed (QIA) and found to have low impact in terms of quality and patient safety

Comments:

There have been considerable changes to the OPD environment this period and also implementation of different ways of working to maximise patient experience. Management of elements of changes implemented did have an effect on staff morale within OPD. A series of listening events took place and overall staff satisfaction appears to be improving again.

There have been no patient safety concerns in OPD over this period.