

Board of Directors Item 3.2 (Public)

Subject: Biannual Safe Nurse Staffing Establishment Review
Date of meeting: 12th Jan 2016
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BAF Ref	Impact on BAF Risk Rating
1,2	None

1. Executive Summary

On 4 June 2015, Simon Stevens, Chief Executive at NHS England announced that safe staffing will now be taken forward by NHS England as part of a wider programme of service improvement. Jane Cummings, Chief Nursing Officer has been tasked with looking at a new approach involving interdisciplinary working. A letter from Monitor, NHS England, CQC, NICE and TDA to Trusts (dated 13th October 2015) has highlighted that safer staffing should be viewed from a multi-disciplinary basis as opposed to nursing alone. The current NICE guidance states that there is no single staff to patient ratio that can be applied across wards to safely meet patients nursing needs. Each ward has to determine its nursing staff requirements to ensure safe patient care.

In the last twelve months LHCH has introduced a daily safety huddle (led by the CEO) to encourage interdisciplinary working. The aim of the huddle is to enhance the delivery of high quality, safe care to patients and staff and to ensure learning from incidents and good practice. The huddle has supported safe staffing as teams are able to highlight any risks and mitigation is put in place in a timely manner.

This workforce paper systematically assesses at ward level factors to determine nursing staffing establishment. In line with the NICE guidance, LHCH have utilised a decision support tool, professional judgment and triangulated with various data for each area. Nursing at LHCH is the largest element of the workforce and ward staffing at LHCH is reviewed bi-annually. The last paper was presented in June 2015.

This paper incorporates detailed information pertaining to admissions, discharges, deaths and transfers of patients to demonstrate the level of activity on the wards and departments alongside other nurse sensitive indicators. Staffing data accrued monthly has been uploaded to the National Database (Unify) and to the LHCH website for public access and reported to the Board. This paper confirms compliance with nurse staffing.

2. Summary of Key Recommendations and Actions Taken from the June 2015 Nursing Workforce Paper :

Workforce papers have been presented and reviewed bi-annually for 5 years to provide on-going assurance that staffing levels reflect acuity and activity on the wards and departments.

This year has seen the successful monitoring of safe staffing within the wards on the electronic screens and the information has been updated to increase and enhance the information provided to patients and their families.

Staffing has been reviewed by the Heads of Nursing on a shift by shift basis and there has been a significant positive change to the way the Divisions are working. The ward managers across the Trust meet jointly to support any deficits in staffing. This collaborative working has seen a reduction in the use of bank and agency, improved patient flow and a reduction in patient harm. It is recognised that staff experience is important when considering moves to other areas and work is being undertaken to ensure staff are well supported and are always clear that they are only to work within their scope of practice and competence. Staff are encouraged to highlight any concerns regarding staffing and can do this via the usual escalation route, incident reporting or speak out safely.

3. Methodology

The AUKUH data has been collected Monday – Sunday for a three week period during November 2015 by the ward manager / designated nurse in charge. The data was collected daily for 21 days consecutively as activity can vary at weekends with some areas seeing a reduction in admissions and others noting an increase in acuity as patients are transferred to wards from high dependency areas. The exception here is the day case facility, Holly Suite, who collected data Monday to Friday for 4 weeks. POCCU and ITU utilise the Critical Care network guidance and are therefore also exempt from AUKUH monitoring. CCU also use the Critical Care guidance however work is being undertaken to ensure this is the most appropriate way to staff the Unit. There is currently a lack of information nationally and other units around the UK continue to use Critical Care guidance. Cath Labs, Theatre and Outpatients do not monitor AUKUH as it is not relevant to the clinical areas.

The Heads of Nursing and the Ward Managers met on a 1:1 basis to complete the Professional Judgment Model and review the AUKUH results. The ward manager, ward clerk and house-keeper are excluded from the data within this report.

4. Results

Please note that the results are set out for each ward and for each Division in the exception report summary which are contained within the Appendices.

Overview compliance status of areas:

Birch ward	Compliant
Amanda Unit	Compliant
CCU	Compliant
Holly Suite	Compliant
Maple Suite	Compliant

Cath Labs Compliant
Knowsley Compliant

Cedar Ward Compliant
Elm Ward Compliant
Oak Ward Compliant
Mulberry Ward Compliant
Theatres Compliant
SICU (POCCU/ITU) Compliant
Outpatients Compliant

5. Quality & Safety

Each Division is working to ensure safe staffing for every area on a shift by shift basis. The Heads of Nursing and Quality work closely to ensure effective and efficient strategic monitoring and management of staffing with the principle aim to promote safe from harm and optimise patient, family and staff experience. The Divisions are further supported by the implementation of a Trust-wide safety huddle (November 2014) that enables staff attending to raise any concerns that could have a negative impact on patient and staff safety.

LHCH is committed and is already leading the way with initiatives to enhance and ensure patient safety at every level. Such initiatives include Listening into Action, human factors training, care partner programme and the development of the RET project which provides a process for patients and families to raise concerns; (Response, Escalate and Talk).

As of December 2015, the use of red flags has been incorporated into the monthly staffing assessments and compliance of this is being monitored by the Heads of Nursing. These flags were introduced following guidance by NHS England (Safer Staffing: A Guide to Care Contact Time, November 2014). The red flags identify any concerns relating to missed medication, delay in providing pain relief, delay or omission in undertaking observations or comfort checks, a reduction in nursing hours or a reduction in less than 2 registered nurses per shift. Further information will be provided in the monthly staffing reports. The Heads of Nursing have also requested that extra information be provided to determine when or if nursing staff have missed their break, to understand pressures, staff experience and breaches of European working time directives within the clinical areas.

6. Supervisory Ward Managers

All ward managers are 100% supervisory within the Trust, with the exception of 3 smaller areas, where it has been deemed safe and appropriate to reduce supervisory time to 0.5wte due to the reduction in management duties. This is monitored and to date has shown benefit to patient care and support of staff.

7. Care Contact Time

The Trust has invested in an upgraded electronic roster system to enhance capability for monitoring staffing levels in relation to patient acuity and activity. The Heads of Nursing and Quality are fully engaged with this work which is being led by the HR Department.

8. Challenges and Risks

Recruitment has been a challenge for the Trust and this is a recognized issue for the UK. The Trust has transformed its approach to recruitment of nursing staff and has organized open days, attended local and national recruitment fairs, attended university events and advertised in local and national media. Further work has also been undertaken to consider European and international recruitment. This approach has

been an efficient process in reducing vacancies.

In line with national directive LHCH are proactively trialing a new model of multi-disciplinary working from January 2016 on Elm ward (Back to the Future Initiative) involving the nursing and therapy teams. The Heads of Nursing and Therapy Manager will monitor progress and outcomes will be reported through Governance Committee.

9. Recommendations and Next Steps:

That the Board of Directors receive assurance that nurse staffing is reviewed every six months and managed on a daily basis to ensure safe care across the Trust and is reported within this paper as safe. The Senior Nursing team recognises the importance of this report and the requirement to adhere to national guidance. The information provided in this paper has been discussed and shared at Governance Committee with the managers, Associate Medical Directors, Divisional Head of Operations and the Director of Nursing and Quality.

Care Level	Descriptor: patient status, care requirements may include the following:
Level 0 - Patient requires hospitalisation and his/her needs can met by 'normal' ward care.	<ul style="list-style-type: none"> • Elective medical or surgical admission • May have underlying medical condition requiring on-going treatment • Awaiting discharge • Post-operative/post-procedure care – observations recorded half-hourly initially then four-hourly. • Regular (two-four hourly) observations • Early Warning Score within normal threshold. • ECG monitoring • Fluid management • Oxygen therapy less than 35% • PCA • Nerve block • Single chest drain • Confused patients not at risk, • Patients requiring assistance with some daily living activities, requires one person to mobilise • Experiences occasional incontinence
Level 1a - Acutely ill patients requiring intervention or those who are UNSTABLE with a GREATER POTENTIAL to deteriorate.	<ul style="list-style-type: none"> • Increased observation and therapeutic interventions • Early Warning Score – trigger-point reached requiring escalation. • Post-operative care following complex surgery • Emergency admission requiring immediate therapeutic intervention • Instability requiring continual observation/invasive monitoring • Oxygen therapy greater than 35% • Chest physiotherapy two- to four-hourly • Arterial blood gas analysis – intermittent • First 24 hours following tracheostomy, central line, epidural or multiple chest or extra ventricular drain • Severe infection or sepsis
Level 1b - Patient is STABLE but is dependent on nursing care to meet most or all daily living activities.	<ul style="list-style-type: none"> • Complex wound management requiring more than one nurse or procedure takes more than one hour to complete. • VAC therapy, where ward-based nurses undertake the treatment • Patients with spinal instability/spinal cord injury • Mobility or repositioning difficulties requiring two staff • Complex intravenous drug regimens (including prolonged preparatory/ administration/post-administration care) • Patient and/or carers requiring enhanced psychological support owing to poor prognosis or clinical outcome. • End-of-life care pathway • Confused, at risk or requiring constant supervision • Requires assistance with most or all daily living activities • Potential for self-harm and requires constant observation • Complex discharge, which is the ward-based nurse's responsibility.
Level 2 - May be managed within clearly identified, designated beds and resources with the required expertise and staffing or may require transfer to a dedicated Level 2 unit	<ul style="list-style-type: none"> • Deteriorating/compromised single organ/system • Post-operative optimisation (pre-op invasive monitoring)/extended post-operative care. • Patient requiring non-invasive ventilation/respiratory support; CPAP/BiPAP in acute respiratory failure • First 24 hours following tracheostomy • Requires one or more therapeutic intervention, including: <ul style="list-style-type: none"> • Greater than 50% oxygen continuously • Continuous cardiac monitoring and invasive pressure monitoring • Drug infusion requiring more intensive monitoring; e.g., vasoactive drugs (amiodarone, inotropes, GTN) or potassium, magnesium. • Pain management such as intra-theal analgesia • CNS depressed airway and protective reflexes • Invasive neurological monitoring
Level 3 - Patient needing advanced respiratory support and/or therapeutic multiple-organ support.	<ul style="list-style-type: none"> • Monitoring and supportive therapy for compromised/collapse of two or more organ/systems • Respiratory or CNS depression/compromise requiring mechanical/invasive ventilation • Invasive monitoring, vasoactive drugs, hypovolaemia/haemorrhage/sepsis treatment or neuro-protection

Appendix 2
Division of Medicine
Staffing Paper December
2015

Cherry Ward (was Amanda Unit): A 10 single bedded unit, all rooms have en suite facilities. This ward was opened in August 2015 to accommodate patients who have Cystic Fibrosis (CF) and Cardiology patients. Nurse Specialist and Advanced Nurse Practitioner support is incorporated to support Cardiology patients, their families and staff. The ward remains the cohort ward for children admitted to the Trust.

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

FTE Sept 2013	FTE April 2014	FTE Dec 2014	FTE May 2015	FTE Dec 2015	Actual Dec 2015
19.44	19.2	18.6	18.6	18.65	19.4

Planned staffing required for each shift for Cherry Ward:

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

Monthly Staffing Reported to Unify and Trust Board:

	June 2015	July 2015	August 2015	September 2015	October 2015	November 2015
RN Days(E/L)	95.6%	96.3%	96.3%	88.9%	94.1%	100%
RN Nights	99.1%	98.4%	98.4%	78.6%	90.3%	96.7%
HCA/AP Days (E/L)	96%	85.6%	85.6%	99%	79.2%	83.3%
HCA / AP Nights	95%	93.5%	90%	96.4%	100%	100%

Comments:

Cherry Ward closed on 24th December due to expected reduction in the requirement for admission and will reopen according to the needs of patients.

Bank and Agency spend including variance against pay budget (April 2015- November 2015):

Bank and Agency Total:	Pay Variance (underspends in brackets)
(Bank RN) £11,783	
(Bank Band 4 and below) £8,257	
(Agency RN) £3,633	
Total £23,673	£32,436

Cherry ward have had 5 staff (RN and HCA) long term sick throughout the course of this period and two members of staff on maternity leave. This has resulted in a modest overspend as the manager has put processes in place including close working with Maple Suite to reduce the financial impact on the ward.

Patient Dependency Tool (AUKUH):

AUKUH WTE April 2014	AUKUH WTE December 2014	AUKUH WTE April 2015	AUKUH WTE November 2015
13.4	14.6	18.3	15.1

Comparison of average patient dependency per day for each level of the AUKUH:

Level	April 2014	December 2014	April 2015	November 2015
0	10.14	9	3.52	3.2
1a	0	0	2.57	3.8
1b	3.13	3.14	11.28	3.5
2	0	0	0	0
3	0	0	0	0

Professional Judgement Tool:

Prof Judgement April 2014	Prof Judgement December 2014	Prof Judgement June 2015 (Aug 2015)	Prof Judgement December 2015
19.5	19.4	19.4 (Cherry 18.2)	18.2

Registered Nurse /Health Care Assistant % split:

RN/HCA Split April 2014	RN/HCA Split December 2014	RN/HCA Split June 2015	RN/HCA December 2015
64/36	64/36	59/41 (Cherry 63/37)	66/44

Registered Nurse to Bed Ratio per shift:

	Cherry Ward
Early	1:5
Late	1:5
Night	1:5

Workforce Information:

Absence rate % (Nov 2015)	Absence rate % (YTD)	YTD Turnover rate (YTD)	Mandatory Training % (May 2015)	PDRs % (May 2015)
15.4%	10.97%	5.9%	94%	81%

The ward manager has completed all PDRs and the outstanding appraisals will take place when staff have resumed from sick leave.

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	71%

Quality Indicators/ Exceptions (June 2015 – November 2015):

	Number	Action
Medication Errors:	1	Wrong drug given to a patient. Nil harm.
Falls	0	
Pressure ulcers	0	
Complaints	0	

Friends and Family Test:

Number completed July-December 2015	Average monthly net promoter score
175	99.16%

Verbatim comments made by staff:

Very friendly and helpful when you are a little nervous pre op got looked after very well feel have great confidence in staff and Dr. Gupta excellent.

Part of my work life I was tech safety officer in oil industry. Your Health and safety is as good as I have seen.

The staff have been amazing. I am impressed with the level of care I received; all members of staff have been helpful and supportive. The facilities on Cherry ward are second to none. Room was squeaky clean and well equipped for today's modern world.

Everyone was extremely welcoming and helpful. All of the staff were very professional and went out of their way to settle me in and put me at ease. They checked very regularly if I needed anything, I think the care and attitude were excellent!

The facilities are excellent in the cherry ward. It is as close to home as you can expect and as such makes the stay more pleasurable. However facilities are no good without good people. The staff have been excellent, nothing has been too much trouble.

Exception Report Summary:

Cherry Ward is a new ten bedded unit with individual ensuite rooms and it opened in August this year. Staff training days were arranged to ensure patient care is delivered safely during and post transition. There have been several post opening review meetings to look at how the ward is functioning operationally and there have been no concerns. The cohort of patients who have Cystic Fibrosis, who are infected with the Liverpool non-epidemic strain of Pseudomonas Aeruginosa have been transferred from Maple Suite to Cherry Ward and during this settling in period, planned staffing was increased to ensure safety for patients at all times. The Cystic Fibrosis multidisciplinary team have been involved with establishing the new ward and play an integral role in maintaining and enhancing high quality care. All shifts have been monitored and nurse sensitive indicators have given no cause for concern.

Some short and long term sickness has had an impact on staffing shifts particularly as staffing establishment is relatively small due to the size of the ward. Sickness is being managed as per hospital policy with the support of HR staff. The ward manager has worked closely with the manager of Maple Suite and each ward collaborates to provide appropriate skill mix and staffing numbers for all shifts.

Friends and family test results are checked and for this reporting period there have been no negative comments. Positive comments are shared with staff via ward meetings and written in the newsletter "Amanda Banter" which has been developed by the ward manager.

All shifts have been safe.

Birch Ward:

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

FTE April 2014	FTE Dec 2014	FTE May 2015	FTE Dec 2015	Actual FTE Dec 2015
48.7	48.7	48.7	48.89	44.69

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

Monthly Staffing Reported to Unify and Trust Board:

	June 2015	July 2015	August 2015	September 2015	October 2015	November 2015
RN Days(E/L)	95.6%	92.8%	84.6%	89%	94.6%	99.1%
RN Nights	99.1%	96%	96%	100%	97.5%	99.3%
HCA/AP Days (E/L)	96%	93.7%	87.9%	74.4%	93.4%	75.6%
HCA/AP Nights	95%	90%	96.7%	100%	87.1%	100%

Comments:

All shifts have been monitored and reported as safe. Where planned staffing has not been met bank and agency have been requested or staff have 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. The Ward Manager has worked shifts to support patient care. There has been some maternity leave and sickness and this is being managed in line with Trust policy.

Bank and Agency spend including variance against pay budget (April 2015- November 2015)

Bank and Agency Total:	Pay Year End Variance (underspends in brackets)
(Bank RN) £10, 576	
(Bank Band 4 and below) £7,231	
(Agency RN) £3,633	
(Agency HCA) £6,547	
Total £26,405	£24,562

Sickness and maternity leave have contributed to the overspend. The manager has worked to staff the ward safely and a review of the model of care has taken place to enhance how patient care is delivered. There seems to have been an increase in frailty and co morbidity of patients and this has also impacted on the requirement of staff to ensure safety.

Patient Dependency Tool (AUKUH):

AUKUH WTE April 2014	AUKUH WTE December 2014	AUKUH WTE April 2015	AUKUH November 2015
45.7	52.7	53.3	49.6

Comparison of average patient dependency per day for each level of the AUKUH:

Level	April 2014	December 2014	April 2015	November 2015
0	23.67	21.38	19.3	18.55
1a	12.97	9.26	14.6	8.56
1b	8.9	10.05	9.3	10.85
2	0	0	0	0
3	0	0	0	0

Professional Judgement Tool:

Prof Judgement April 2014	Prof Judgement December 2014	Prof Judgement June 2015/ August	Prof Judgement December 2015
50.1	51.7	51.0	49.8

Due to the introduction of long days and a review of the nursing model for the ward professional judgment has dropped for this reporting period. The professional judgment for the new model is 46.1. The Divisional Head of Operations, Finance Business Partner and Head of Nursing have agreed to reduce professional judgment to 49.8 and manage a cardiology rotation of trained staff to support the skill mix and training in Cath lab and to realise a reduction of agency use in Cath Lab.

The ward manager, Head of Nursing, Cath Lab manager and Divisional Head of Operations are working closely to monitor the implementation of this model of care.

Registered Nurse /Health Care Assistant % split:

RN/HCA Split April 2014	RN/HCA Split December 2014	RN/HCA Split June 2015	RN/HCA Split December 2015
66/34	66/34	66/34	63/37

Registered Nurse to Bed Ratio per shift:

Early	1:6
Late	1:6
Night	1:10.5

Workforce Information:

Absence rate % (November 2015)	Absence rate % (YTD)	YTD rate% (YTD)	Turnover	Mandatory Training % (May 2015)	PDRs % (May 2015)
9.61	4.59	6		89	65

The Ward Manager has a plan to ensure all PDRs are completed by mid-January.

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	84

Quality Indicators/ Exceptions (July 2015 – November 2015):

	Number	Action
Medication Errors:	3	No themes. No evidence of patient harm from any of the errors. 1 wrongly prescribed and administered drug, 1 dose omitted and 1 where drug was not administered. All incidents addressed and actions taken to mitigate future risk.
Falls	14	Falls have occurred on Birch and each fall has been assessed for learning. There have been no themes however one patient who was non-compliant with the staff's request for him to ask for help, fell some several times. Changes to the nursing model of care have been implemented including personalised care planning before settling a patient to sleep.
Pressure ulcers	0	No hospital acquired Pressure ulcers.
Complaints	2	One complaint was from a patient who was moved to another ward based on the clinical need of another patient. One complaint was from the daughters of a patient regarding the attitude of senior staff towards a patient. Both complaints were responded to and the Director of Nursing met with one of the daughters from the second complaint.

Friends and Family Test:

Number completed July 2015 – Nov 2015	Average monthly net promoter score
320	99.4%

Verbatim comments made by patients:

The staff put patients at ease with their friendly and professional attitude. Whilst no one wants to be in hospital the staff certainly make the stay pleasurable.

Someone greeted me straight away introduced themselves and escorted me to my bed, a lovely kind touch.

Curtains do not keep noise out.

Tto's could be quicker, did not like going to discharge lounge, would have preferred to stay with staff I know.

I cannot imagine getting better treatment anywhere, everything was spot on, I cannot believe what happens to improve your health, I feel I have had another chance thank you so much.

Exception Report Summary:

The occupancy and turnover of patients has been high for the reporting period and the nurse sensitive indicators do not give cause for concern.

The ward caters for short and long stay patients with a wide variation in acuity, propensity to deteriorate and who have a range of complex physical needs. In addition to many routine admissions which involve intense work for safe admission and discharge, there are also a large proportion of patients who have chronic conditions, may have complex inpatient care needs and complex discharge requirements.

The ward Manager position has been undertaken by the charge nurse and a band 6 sister has been temporarily employed. This has been beneficial for up skilling staff. The Ward manager post is now being advertised as a substantive post. There have been two complaints regarding lack of compassion from staff. Staff have reflected on how care has been perceived and an action plan drawn up to ensure all aspects of the complaint have been dealt with to ensure learning drives improvement in care.

The ward now accommodates 42 patients and the impact of this will be monitored. The physical impact has been that the televisions in the bays can no longer be accommodated and the manager is scoping whether new televisions and headsets can be purchased for the patients.

All shifts have been reported as safe.

Maple Suite: comprises of 13 single rooms. The ward has 6 designated private patient beds and 6 designated beds for patients with Cystic Fibrosis and one room which is utilised to adapt and flex to the Trust requirements. There has been a change in the cohort of patients who have Cystic Fibrosis and from August 2015 the ward provides care for patients who have the Liverpool Epidemic Strain of *Pseudomonas Aueruginosa*.

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

FTE April 2014	FTE Dec 2014	FTE May 2015	FTE Dec 2015	Actual Dec 2015
20.10	20.5	20.35	20.35	20.35

Planned staffing required for each shift for Maple Suite:

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

Monthly Staffing Reported to Unify and Trust Board:

	June 2015	July 2015	August 2015	September 2015	October 2015	November 2015
RN Days(E/L)	94.6%	94%	100.7%	95.6%	111%	117.8%
RN Nights	98.3%	96.8%	100%	96.6%	100%	100%
HCA/AP Days (E/L)	100%	87.1%	78.3%	85.9%	80.6%	68.3%
HCA/AP Nights	100%	90.3%	100%	93.2%	87.1%	97.3%

Comments:

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

Bank and Agency spend including variance against pay budget (April 2014- March 2015):

Bank and Agency Total:	Pay Year End Variance (underspends in brackets)
(Bank RN) £15,333	
(Bank Band 4 and below) £6,695	
(Agency RN) £2,112	
(Agency Band 4 and below) £1,046	
Total £25,186	£7,975

Maple Suite have had one member of staff on maternity leave and some short term sickness resulting in a small overspend. The budget position has improved with the temporary transfer of a band 4 Assistant practitioner to Cedar ward to support staffing

Patient Dependency Tool (AUKUH):

AUKUH WTE April 2014	AUKUH WTE December 2014	AUKUH WTE April 2015	AUKUH WTE November 2015
13.6	18.7	13.15	18.5

Comparison of average patient dependency per day for each level of the AUKUH:

Level	April 2014	December 2014	April 2015	November 2015
0	10.50	6.28	7.23	4.15
1a	0.56	0.4	1.32	2.4
1b	1.3	6.75	4.6	6.25
2	0	0	0	0
3	0	0	0	0

Professional Judgement Tool:

Prof Judgement April 2014	Prof Judgement December 2014	Prof Judgement June 2015	Prof Judgement Dec 2015
20.6	20.4	20.4	20.4

Registered Nurse /Health Care Assistant % split:

RN/HCA Split April 2014	RN/HCA Split December 2014	RN/HCA Split June 2015	RN/HCA Split December 2015
60/40	58/42	56/44	63/37

Registered Nurse to Bed Ratio per shift:

Early	1:6.5
Late	1:6.5
Night	1:6.5

Workforce Information:

Absence rate % (November 2015)	Absence rate % (YTD)	YTD rate (YTD)	Turnover	Mandatory Training % (May 2015)	PDRs % (May 2015)
1.93	4.28	0		93	100

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	83

Quality Indicators/ Exceptions (Dec 2014 – June 2015):

	Number	Action
Medication Errors:	2	Prescribing errors. No harm to patients.
Falls	1	A significant reduction on previous years. No harm to the patients.
Pressure ulcers	0	No hospital acquired pressure ulcers.
Complaints	0	

Friends and Family Test:

Number completed July 2015 – Nov 2015	Average monthly net promoter score
165	99.4%

Verbatim comments made by patients:

Nursing is a difficult job at the best of times, the ladies and gentleman of maple suite make it look easy. They are friendly, personable, professional and highly capable.

High professional standards, comfortable accommodation and good food. A total team approach. Relative's needs also appreciated.

Terrific consultant. Meticulous care and supervision Staff are all angels, and always happy and helpful. Food very good and room comfortable

Sometimes staff stretched and very busy but always responded to bell call quickly.

The care and staff knowledge in their roles is exemplary and I have always been treated with great humility by all the staff. Thanks to all who have helped me along the way.

Exception Report Summary:

AUKUH falls below professional judgment for the reporting period however acuity has increased with the admission of the new cohort of patients who have Cystic Fibrosis. Weekend working for private patients has increased. Due to the ward size and layout it is acknowledged that minimum staffing levels are required to meet national guidance.

There has been some sickness and vacancies and this is being managed proactively via a daily huddle with the ward managers, where bank and agency shifts are unfilled.

Generally the ward receives exemplary comments from the friends and family test and the ward manager monitors the comments so that any issues are managed in a timely manner. It has been identified that a family room will be beneficial for any families visiting patients on Maple Suite and the ward manager has worked closely with the estates department to develop a suitable facility. This work is progressing well and families are expected to be able to use them in the near future. Cherry Ward and Maple Suite managers are working closely and effectively to ensure the staffing model and patient care is optimized at all times.

Maple have given significant support to Surgery with an Assistant Practitioner being seconded to work shifts on Cedar ward.

All shifts have been reported as safe.

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.

Funded establishment and actual staffing: (This does not include the Ward Manager)

FTE April 2014	FTE Dec 2014	FTE May 2015	FTE Dec 2015	Actual Nov 2015
23.8	23.8	23.3	23.37	23.29

Planned staffing required for each shift for Holly Suite:

Day	Early	Late
Monday	8+3+4	6+2+2
Tuesday	6+2+3	6+2+2
Wednesday	8+3+4	6+2+2
Thursday	8+3+4	6+2+2
Friday	6+2+3	6+2+2

Currently Monday, Wednesday and Thursday two registered nurses, an AP and an HCA work in the scope room due to training. Due to long term sickness, the training opportunities have been limited for this reporting period and this is not sustainable and is being managed.

There is a coordinator for the am and pm shift and these are included in the figures. The recovery area has 2 registered nurses on both shifts (also included in the numbers). Within the main body of the ward there are three trained staff, 2 APs and 3 HCAs.

Comments:

Bank and Agency spend including variance against pay budget (April 2015- November 2015):

Bank and Agency Total:	Pay Variance (underspends in brackets)
(Bank RN) £5,256	
(Bank Band 4 and below) £5,074	
(Agency RN) £0	
Total £10,330	£463

Holly Suite has had some issues with long term sickness and the manager has worked closely with finance to ensure the ward has stayed in a balanced position. There is a cost pressure of 0.6 WTE band 6 (scope nurse) which has been reported and should be taken into account when setting the 2016/2017 budget.

Patient Dependency Tool (AUKUH):

AUKUH WTE April 2014	AUKUH WTE December 2014	AUKUH WTE April 2015	AUKUH WTE November 2015
27.8	24.6	26.93	27.3

Comparison of average patient dependency per day for each level of the AUKUH:

Level	April 2014	December 2014	April 2015	November 2015
0	16.55	13.1	10.5	15.3
1a	9.17	6.1	14.64	5.9
1b	1.73	1.4	1.7	2.05
2	0.1	0.2	0	0
3	0	0	0	0

Professional Judgement Tool:

Prof Judgement April 2014	Prof Judgement December 2014	Prof Judgement June 2015/ August	Prof Judgement Dec 2015
24.3	24.3	24.3	24.3

Registered Nurse /Health Care Assistant % split:

RN/HCA Split April 2014	RN/HCA Split December 2014	RN/HCA Split June 2015	RN/HCA Split Nov 2015
55/45	64/36	66/34	66/44

Registered Nurse to Bed Ratio per shift:

Early	1:5
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Late	1:5
Night	N/A

Workforce Information:

Absence rate % (Nov 2015)	Absence rate % (YTD)	YTD Turnover rate (YTD)	Mandatory Training % (May 2015)	PDRs % (May 2015)
17.06	12.93	3.8	93	97

Sickness is high at present and this is being managed by the ward manager with the support of HR. The cases have been reviewed and there are no themes. One member of staff is off with work and personal related stress. One member of staff has been bereaved, two members of staff have had surgery, one was pregnancy related and one was for ENT reasons.

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	88

Quality Indicators/ Exceptions (June 2015 – November 2015):

	Number	Action
Medication Errors:	1	Administration error; IV not oral. No harm to patient. Action plan drawn up with staff nurse and signed off appropriately.
Falls	0	
Pressure ulcers	0	
Complaints	0	

Friends and Family Test:

Number completed July 2015 – Nov 2015	Average monthly net promoter score
619	99.68

Exception Report Summary:

Sickness and absence has been a challenge for staffing Holly Suite for this reporting period. Sickness is being managed as per trust policy. Bank has been utilised where possible and all shifts are monitored and have been safe. Staff are flexible with their shift patterns to ensure optimum cover of shifts and to meet fluctuating demand.

Patients having a PFO or ASD closure are also now being treated on Holly Suite. Cardioversion lists, provocation tests and bronchoscopies are now taking place on Holly Suite and all increased complexity of activity is supported with current establishment. This shift has increased the requirement for registered nurses as assistant practitioners cannot give medications/ transfusions or intravenous fluids and medication.

Nurse sensitive indicators do not give cause for concern and all shifts have been reported as safe.

CCU:

The Coronary Care Unit (CCU) comprises of 10 single rooms for patients suffering a variety

of cardiac complaints requiring cardiac/haemodynamic 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.

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

FTE April 2014	FTE Dec 2014	FTE May 2015	FTE Nov 2015	Actual Nov 2015
43.75	42.13	47.6	47.6	44.43

Planned staffing required for each shift for Amanda Unit:

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

Monthly Staffing Reported to Unify and Trust Board:

	July 2015	August 2015	September 2015	October 2015	November 2015
RN Days(E/L)	94.2%	90.2%	92.4%	88.3%	86.2%
RN Nights	95.9%	93.8%	93.8%	87.6%	88.1%
HCA/AP Days (E/L)	110.6%	72.3%	95.1%	132.3%	97.5%
HCA/AP Nights	109.7%	100%	83.3%	90.3%	80%

Comments:

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

Bank and Agency spend including variance against pay budget (April 2015- November 2015):

Bank and Agency Total:	Pay Variance (underspends in brackets)
(Bank RN) £42,066	
(Bank Band 4 and below) £23,065	
(Agency RN) £56,720	
(Agency Band 4 and below) £3,074	
Total £124,925	£5,553

Bank and agency have been used to cover shifts due to vacancies plus ward manager maternity leave cover.

Professional Judgement Tool:

Prof Judgement April 2014	Prof Judgement December 2014	Prof Judgement June 2015/ August	Prof Judgement Dec 2015
47.4	46.5	46.5	46.7

Registered Nurse /Health Care Assistant % split:

RN/HCA Split April 2014	RN/HCA Split December 2014	RN/HCA Split June 2015	RN/HCA Split Nov 2015
88/12	88/12	88/12	84/16

Registered Nurse to Bed Ratio per shift:

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

Workforce Information:

Absence rate % (May 2015)	Absence rate % (YTD)	YTD rate (YTD)	Turnover	Mandatory Training % (May 2015)	PDRs % (May 2015)
2.15	4.64	8.7		94	77

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	85%

Quality Indicators/ Exceptions (July 2015– Nov 2015):

	Number	Action
Medication Errors:	12	<ol style="list-style-type: none"> 1. Drug given to a patient who was allergic. 2. Two prescribing errors. 3. Two dose errors. 4. Four wrongly administered drugs. 5. 1 documentation error. 6. 1 drug omitted. 7. 1 rate error. <p>There has been no harm to patients and scrutiny given to all areas. Errors have been shared with staff and learning discussed at the safety huddle. There are no themes identified. There has been a recent improvement in the rate of errors and the ward manager and Head of nursing will continue to monitor to ensure a sustained improvement.</p>
Falls	0	A reduction in falls from 4 in 2013 and 3 in 2014.

Pressure ulcers	0	No hospital acquired pressure ulcers.
Complaints	0	

Friends and Family Test:

Number completed July 2015 –Nov 2015	Average monthly net promoter score
2	100%

Exception Report Summary:

CCU is nearly fully established and training is being given to new staff. Skill mix is planned and rostered to ensure the telemetry and Primary PCI service are staffed.

A review has been undertaken in November to look at various aspects of CCU including patient care levels and staffing. A new database is being developed to capture detail of acuity and dependency and staffing to give assurance on a shift by shift basis.

There has also been a review of all training and competencies for all staff on the unit and each member of staff will have a personal updated competency file for their record which will be held in the Unit.

The PPCI service has increased activity over recent years and a review is being undertaken to look at how this will be managed.

Staff have been moved from the Cardiology ward where appropriate and bank and agency have been utilised to ensure shifts are covered. All shifts have been reported as safe.

Cath Lab:

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

FTE April 2014	FTE Dec 2014	FTE May 2015	FTE Nov 2015	Actual 2Nov 2015
20.22	19.09	23.59	25.59	18.13

Planned staffing required for each shift for Cath Lab:

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

Bank and Agency spend including variance against pay budget (April 2015- November 2015):

Bank and Agency Total:	Pay Variance (underspends in brackets)
(Bank RN) £9,307	
(Bank Band 4 and below) £0	
(Agency RN) £178,081	
Total £187,388	£76,043

There are vacancies which are proving difficult to fill. There is a current recruitment campaign being designed to encourage nurses to work in the specialty and the Head of Nursing is working with DHOO to implement a training rotational programme which will provide new staff nurses experience working within the Lab.

Professional Judgement Tool:

Prof Judgement April 2014	Prof Judgement December 2014	Prof Judgement June 2015	Prof Judgement Nov 2015
23.1	23.1	24.01	25.59

Registered Nurse /Health Care Assistant % split:

RN/HCA Split April 2014	RN/HCA Split December 2014	RN/HCA Split June 2015	RN/HCA Split Nov 2015
78/22	78/22	79/21	79/21

Workforce Information:

Absence rate % (May 2015)	Absence rate % (YTD)	YTD Turnover rate (YTD)	Mandatory Training % (Nov 2015)	PDRs % (Nov 2015)
	6.43	3.4	97	50

The Cath Lab Manager has a plan for ensuring PDRs are completed by mid-January.

Quality Indicators/ Exceptions (June 2015 – December 2015):

	Number	Action
Medication Errors:	0	
Falls	0	
Pressure ulcers	0	
Complaints	1	Patient complained of shoulder injury but complaint was not upheld.

Exception Report Summary:

The Cath 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. There is also a rotation programme commencing in Cardiology which will mean that staff are able to work in the Lab which will increase skills and knowledge and also improve staffing.

The Primary PCI service is currently being reviewed to ensure that the staffing model supports the service. Training has been given to staff and recovery is now set to recover patients who have undergone various procedures.

Staffing for this area is safe and work is ongoing to improve efficiency and decrease the use of agency.

Appendix 3

Division of Surgery December 2015

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.

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

FTE April	FTE Dec	FTE June 2015	FTE Dec	Actual FTE
38.59	38.54	48.7*	48.94	39.77

There are currently 9 wte vacancies for band 5 staff, of which 3 posts have been appointed to and are awaiting their start date. Continual corporate recruitment is in place with interviews taking place monthly.

Planned staffing required for each shift (based on new staffing establishments)

Day	Early	Late	Night
Mon - Fri	7RN and 3HCA	5RN and 3HCA	5RN and 3HCA
Sat –Sun	6RN and 3HCA	5RN and 3HCA	5RN and 3HCA

Monthly Staffing Reported to Unify and Trust Board

This table highlights the compliance of actual staffing versus planned staffing for each month (as a percentage) which is presented to Trust Board monthly with rationale for numbers being over or under 100%.

	June 2015	July 2015	August 2015	Sept 2015	Oct 2015	Nov 2015
RN Days(E/L)	82.7	68.4	84.6	81.8	86.8	85.8
RN Nights	84.2	83.9	85.5	90	92.7	95
HCA/AP Days (E/L)	134.4	136	118.3	120.6	150.5	114.4
HCA / AP Nights	86.7	103.2	95.7	72.2	69.9	77.8

Comments: There have been a number of vacancies on this ward that have been recruited to however some staff have not yet commenced in post. The ward has utilised bank, agency and staff from other areas to ensure that patient care is safe. Assistant practitioners have also been used who are able to manage a team of patients.

Bank and Agency spend including variance against pay budget (April 2015- Nov 2015):

Bank and Agency Total	Pay Variance (underspends in brackets)
(Bank RN) £43,593	
(Bank Band 4 and below) £52,258	
(Agency) £106,432	
Total £202,283	(£132,063)

Patient Dependency Tool (AUKUH):

AUKUH WTE April 2014	AUKUH WTE December 2014	AUKUH WTE	AUKUH WTE Nov 2015
38.0	38.3	40.44	41.99

Comparison of average patient dependency per day for each level of the AUKUH:

Level	April 2014	December 2014	April 2015	Nov 2015
0	13.42	8.3	8.14	10.52
1a	5.22	5.04	8.38	12.11
1b	4.53	4.09	10.14	10.53
2	0	0.09	0	0.8
3	0	0	0	0

(Information related to AUKUH can be found in the Appendices)

Professional Judgement Tool:

Prof Judgement	Prof Judgement	Prof Judgement	Prof Judgement
40.3	44.4	48.1*	47.9 *

*This is for 34 patients

Registered Nurse /Health Care Assistant % split:

RN/HCA Split	RN/HCA Split	RN/HCA Split	RN/HCA Split
64/36	64/36	65/35	65/35

Registered Nurse to Bed Ratio per shift:

Early	1:4.8
Late	1:6.8
Night	1:6.8

Workforce Information:

	2012	2013	2014	2015 (YTD)
Yearly Absence	2.90%	4.34%	4.10%	5.24%

	2012	2013	2014	2015 (YTD)
Turnover (Voluntary)	8.9%	20.0%	24.4%	17.8%
Turnover (Actual)	8.9%	24.0%	26.7%	18.18%

	2012	2013	2014	2015 (YTD)
Mandatory Training	83%	79%	92%	92%
PDR	75%	49%	94%	67%

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	79.3

Quality Indicators/ Exceptions (June 15 – Nov 2015):

	Number	Action
Medication Errors:	13	1 wrong dose prescribed/ 4 discrepancy in CD cupboard / 1 strip of patient medication found in patient bed / 4 dose omitted / 2 drug given but not prescribed / 1 drug given by wrong route. Of these 11 were no harm to patients. 2 were minor harm as the patients did not receive pain relief. Changes have been made to pain relief administration and audits have highlighted good practice since these incidents
Falls	10	8 no harm and 2 minor harm received as a result of the falls. 4 of these falls were unavoidable. The avoidable falls were a result of the effects of night sedation, not wearing the correct footwear and loss of balance.
Pressure ulcers	1	Grade 2 to top of ear. Actions in place to avoid similar reoccurrence.

Complaints	3	1 currently being investigated, 1 complaint related to care following discharge from the ward (District nurse related), 1 related to poor communication from the Consultant. These have been / will be dealt with and discussed at Divisional Governance Committee.
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Friends and Family Test:

Number completed June 2015 - Nov 2015	Average monthly net promoter score
317	99.6

Verbatim Comments Made by Patients

There are many positive comments that are highlighted within FFT responses and these are available to ward staff and to the Board on the staff intranet and via this link:

<http://pc10539rbq/homepage.a5w>

Where negative comments have not been received, only positive comments will be referred to within this paper.

- Exceptional person centred care, staff of all areas could not do enough for not only the patient but the whole family.
- Everybody I met on the ward was lovely nothing was too much trouble only had to ask. Enjoyed my stay under the circumstances.
- I have been treated during my stay with the upmost care and respect second to none.
- Excellent staff very polite never too much trouble - just get the feeling that you are understaffed.
- All the staff on cedar ward I would like to give my heartfelt love and thanks for all the wonderful care support and encouragement I have been given to me you are aptly named angels.
- Every member of staff 10/10 brilliant nothing to much trouble.
- This is the second time I've been on this ward and everybody was great really made me feel welcome plus the care was great 10/10

One patient has made reference to the ward being under-staffed however this is reviewed on a shift basis and a report is presented to the Executive Board on a monthly basis.

Exception Report Summary: Whilst there has been a lot of recruitment taking place, there remains a vacancy gap of 9 wte. The monthly staffing report has shown the ward to be safe with extra staff being utilised to support skill-mix differences by using Assistant Practitioners. There has also been a number of confused patients requiring one to one support, particularly for patients at risk of falls. Bank and agency staff have been utilised where required. There is a clear under spend as a result of the number of vacancies and the use of staff from other wards who were able to support.

The AUKUH and Professional judgment tools are consistent with previous years and in line with FTE. There remains a gap in actual FTE however a considerable amount of recruitment work has been undertaken both locally and nationally to recruit staff to Cedar ward. Nurse to

bed ratio is in line for supporting excellent patient care.

The PDRs are noted to be 67% however there has been a number of staff leaving and staff completing PDRs this month, it is expected and on target that compliance will be over 95%.

Whilst the number of medication errors could appear alarming, a number of these were as a result of one particular staff member, who no longer works for LHCH, as a result of these issues. Each of the medication incidents are also discussed at length within a medication errors committee to understand learning not just for the specific area but Trust-wide.

The average monthly scores for the ward for FFT is 99.6% from the 317 audits completed highlighting excellent satisfaction by patients.

The staffing in this area is safe.

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 cardiac and aortic surgery.

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

FTE April	FTE Dec	FTE June 2015	FTE Nov	Actual FTE
29.59	29.59	33.09*	33.09	28.89

*Please note this was following a financial investment by the Executive Team.

Planned staffing required for each shift

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

Monthly Staffing Reported to Unify and Trust Board

This table highlights the compliance of actual staffing versus planned staffing for each month (as a percentage) which is presented to Trust Board monthly with rationale for numbers being over or under 100%.

	June 2015	July 2015	August 2015	Sept 2015	Oct 2015	Nov 2015
RN Days(E/L)	96.2	96.3	94.1	91.2	92.6	97.3
RN Nights	66.7	78.5	82.8	84.4	76.3	94.4
HCA/AP Days (E/L)	131.3	123.2	118.1	115.3	127.7	128.7
HCA / AP Nights	150	156.5	116.1	116.7	130.6	128.3

Comments: The ward was identified as safe in the monthly reports and extra staff were utilised to care for patients with delirium and those prone to falls. The increase of HCAs on a day and night shift although looks high, however this is due to an additional nurse on a shift

to support patients at risk of falls or confusion. The Executive Team supported an uplift in staffing earlier in the year of a night shift from 2 to 3 registered nurses. Whilst some months the adherence to the staffing appears low, it is as a result of lower occupancy and the ward was assessed as being safe.

Bank and Agency spend including variance against pay budget (April 2015- Nov 2015):

Bank and Agency Total	Pay Variance (underspends in brackets)
(Bank RN) £27,071	
(Bank Band 4 and below) £50,554	
(Agency) £26,548	
Total £104,173	(£4,704)

Patient Dependency Tool (AUKUH):

AUKUH WTE April 2014	AUKUH WTE December 2014	AUKUH WTE	AUKUH WTE
28.7	22.7	25.46	28.0

Comparison of average patient dependency per day for each level of the AUKUH:

Level	April 2014	December 2014	April 2015	Nov 2015
0	13.42	8.3	13.4	5.714
1a	5.22	5.04	4.83	9.42
1b	4.53	4.09	2.47	12.83
2	0	0.09	0	0
3	0	0	0	0

(Information related to AUKUH can be found in the Appendices)

Professional Judgement Tool:

Prof Judgement	Prof Judgement	Prof Judgement	Prof Judgement
29.5	33.2	33.4	33.4

Registered Nurse /Health Care Assistant % split:

RN/HCA Split	RN/HCA Split	RN/HCA Split	RCN/HCA Split
64/36	64/36	63/37	63/37

Registered Nurse to Bed Ratio per shift:

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

Workforce Information:

Absence rate % (Nov 2015)	Absence rate % (YTD)	YTD rate	Turnover	Mandatory Training % (Nov 2015)	PDRs % (Nov 2015)
5.58	2.57	6.8		84	90

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	93.6

Quality Indicators/ Exceptions (June 2015 – Nov 2015):

	Number	Action
Medication Errors:	12	2 medications missing in TTOs / 1 drug signed for but not given / 1 unable to find medication / 1 smashed vial of morphine / 1 drug wrongly prescribed / 1 medication given at wrong time / 1 drug not stored in fridge / 1 controlled drug(CD) documentation incorrectly recorded / 1 EPR not signed for medications / 1 wrong medication administered / 1 medication given to the wrong patient. None of the incidents were noted as causing harm to
Falls	10	1 of the falls resulted in minor harm; the rest resulted in no harm. 7 of these were avoidable. The cause of the falls for 2 patients were due to poor observation by agency nurses/ 2 patients lost their balance / 2 patient weren't wearing the correct footwear / 2 due to diuretic medication and urgency / 2 patients slipped off the bed. Work has been undertaken at ward level to discuss this further. There has been a reduction in falls in recent months.
Pressure ulcers	2	Grade 2 to sacrum and grade 2 to right heel. RCA is currently underway.
Complaints	1	Concerns regarding attitude of nursing staff and lack of dressing changes – partially upheld although the patient was advised that all care was appropriate.

Friends and Family Test:

Number completed June 2015 – Dec 2015	Average monthly net promoter score
253	98

Verbatim Comments Made by Patients

There are many positive comments that are highlighted within FFT responses and these are available to ward staff and to the Board on the staff intranet and via this link:

<http://pc10539rbq/homepage.a5w>

- Excellent Service, all staff have been very patient, friendly, respectful and professional: that includes nurses, doctors, healthcare assistants, volunteers and domestic staff. I wouldn't have managed without their positivity and just general kindness.
- Separate issue, but family and friends found cost of parking disturbing, they are part of the treatment as well as me. Locally parking at Broadgreen hospital is viewed as ridiculous.
- Absolute commitment and dedication towards the patient, nothing is too much trouble. Cheerful, supportive, friendly.
- All staff very professional kind and caring. Kept informed reassured at every point. Ward spotlessly clean. Staff excellent whatever grade or role. Truly exceptional caring people. Couldn't have been treated any better.
- I do feel the nursing and Doctors could have provided more information.
- The care was outstanding and I would like to write a letter in the future to thank the hospital.

Exception Report Summary: The AUKUH was slightly high than previous due to the increased dependency of patients on the wards. This was highlighted at the daily safety huddle and was confirmed by the Head of Nursing. Mandatory training and PDRs is slightly lower than anticipated however it is expected to be within target this next month.

There were a number of falls in the last 12 months however we have seen a significant improvement in their reduction. The Ward Manager has set the standard that nurse documentation is always completed in the bays / patient rooms to increase contact and support of patients. Each of the medication incidents are also discussed at length within a medication errors committee to understand learning not just for the specific area but Trust-wide.

The staffing in this area is safe.

Elm Ward: – This is a 20 bedded cardiac surgical ward, specialising in 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 April 2014	FTE Dec 2014	FTE June 2015	FTE Nov 2015	Actual FTE June 2015
34.99	34.99	35.24	35.24	35.8

Planned staffing required for each shift

Day	Early	Late	Night
Mon - Sun	5RN and 3HCA	4RN and 3HCA	3RN and 1HCA

Monthly Staffing Reported to Unify and Trust Board

This table highlights the compliance of actual staffing versus planned staffing for each month (as a percentage) which is presented to Trust Board monthly with rationale for numbers being over or under 100%.

	June 2015	July 2015	August 2015	Sept 2015	Oct 2015	Nov 2015
RN Days(E/L)	98.6	94.7	94.7	90.7	95.7	97.6
RN Nights	98.9	98.9	100	100	100	100
HCA/AP Days (E/L)	110.6	111.8	101.1	123.9	128.5	106.5
HCA / AP Nights	213.3	158.1	161.3	193.3	161.3	170

Comments: Some of the HCA / AP shifts have required extra staff due to the acuity and dependency of some of the patients which has resulted in extra nurse being used. This is being monitored closely by the Ward Manager and the Head of Nursing. Whilst this does look excessive, it correlates (on average) to 1 extra HCA per shift.

Bank and Agency spend including variance against pay budget (April 2015- Nov 2015):

Bank and Agency Total	Pay Variance (underspends in brackets)
(Bank RN) £24,582	
(Bank Band 4 and below) £42,220	
(Agency) £12,412	
Total £79,214	£22,607

Patient Dependency Tool (AUKUH):

AUKUH WTE April 2014	AUKUH WTE December 2014	AUKUH WTE	AUKUH WTE Nov 2015
28.7	28	33.9	34.24

Comparison of average patient dependency per day for each level of the AUKUH:

Level	April 2014	December 2014	April 2015	Nov 2015
0	13.42	8.3	5.57	6.23
1a	5.22	5.04	8.14	8.47
1b	4.53	4.09	13.5	12.93
2	0	0.09	0	0.09
3	0	0	0.28	0

(Information related to AUKUH can be found in the Appendices)

Professional Judgement Tool:

Prof Judgement	Prof Judgement	Prof Judgement	Prof Judgement
29.5	33.2	34.7	34.7

Registered Nurse /Health Care Assistant % split:

RN/HCA Split	RN/HCA Split	RN/HCA Split	RN/HCA Split
64/36	64/36	63/37	63/37

Registered Nurse to Bed Ratio per shift:

Early	1:4
Late	1:5
Night	1:6.6

Workforce Information:

Absence rate % (Nov 2015)	Absence rate % (YTD)	YTD Turnover rate	Mandatory Training % (Nov 2015)	PDRs % (Nov 2015)
1.37	2.59	5.3	98	100

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	94.4

Quality Indicators/ Exceptions (June 2015 – Nov 2015):

	Number	Action
Medication Errors:	4	2 wrongly prescribed medication / 1 drug not prescribed / 1 drug given to wrong patient. No harm occurred to the patients as a result.
Falls	5	1 patient slipped off the bed / 3 patients lost their balance / 1 patient climbed out of bed and fell. 1 of the falls was unavoidable. Staff are discussing falls with patients and their families pre operatively were possible.
Pressure ulcers	0	
Complaints	1	Complaint related to all aspects of clinical care. The complaint was not upheld.

Friends and Family Test:

Number completed June 2015 – Dec 2015	Average monthly net promoter score
202	100

Verbatim Comments Made by Patients

There are many positive comments that are highlighted within FFT responses and these are available to ward staff and to the Board on the staff intranet and via this link:

<http://pc10539rbq/homepage.a5w>

- Nursing staff and care assistants have positive attitude towards each patient and demonstrate a caring attitude by a willingness to help patients, no matter what the task. Dignity for each is afforded by staff, staff who are welcoming and cheery at all times.
- Professionalism, warmth humanness and kindness given.
- Every one we have meet from parking are car for the first appointment have been marvellous and very friendly and a big thank you to Mr Muir and Bill (Kirmani) they are life savers and they explain everything in lay and terms that you understand.
- All the staff where excellent towards me, the way they looked after me. They are a breed you will never find anywhere else, the closeness and the way they looked after me they were more like friends than nurses.
- Staff not always storing glaucoma drops in fridge, as per instruction shown on the medication

Exception Report Summary: There have been a number of patients who are confused or who have had strokes following surgery who have required further 1:1 support, particularly overnight. Whilst the over-spend has been noted as £22,607 over spent, it should be noted that in reality, this is a £5,987 over spend as the ward has been paying for a band 7 nurse working on a project. Discussions are currently underway to discuss how the monies will be utilised to support patient flow work. The new Ward Manager is working closely with the Head of Nursing and Quality for Surgery to monitor the overspend and resolve.

The FTE, AUKUH and professional judgment tool results are all fairly similar and consistent. The RN / HCA skill-mix is appropriate at 63/37 split.

Workforce KPIs are within expected targets. The ward occupancy is high at 94.4%. The patients on this ward are high risk of developing pressure ulcers and the staff manage pressure ulcer prevention exceedingly well. The friends and family test results highlight excellent care being delivered and a consistent 100% result each month.

The staffing in this area is safe.

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 April	FTE Dec	FTE June 2015	FTE	Actual FTE
10.55	10.55	10.55	10.55	9.19

Planned staffing required for each shift

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

Monthly Staffing Reported to Unify and Trust Board

This table highlights the compliance of actual staffing versus planned staffing for each month (as a percentage) which is presented to Trust Board monthly with rationale for numbers being over or under 100%.

	June 2015	July 2015	August 2015	Sept 2015	Oct 2015	Nov 2015
RN Days(E/L)	100	94.7	Closed	100	100	100
RN Nights	100	100	Closed	100	100	100
HCA/AP Days (E/L)	100	100	Closed	100	100	100
HCA / AP Nights	100	100	closed	100	100	100

Comments: All staffing is reported to be safe monthly.

Bank and Agency spend including variance against pay budget (April 2015- Nov 2015):

Bank and Agency Total	Pay Variance (underspends in brackets)
(Bank RN) £5,716	
(Bank Band 4 and below) £1,155	
(Agency) £1,255	
Total £8,126	(£28,908)

Patient Dependency Tool (AUKUH):

AUKUH WTE April 2014	AUKUH WTE December 2014	AUKUH WTE	AUKUH WTE
10.93	7.1	10.18	7.71

Comparison of average patient dependency per day for each level of the AUKUH:

Level	April 2014	December 2014	April 2015	Nov 2015
0	8.2	5.8	8.09	5.66
1a	0.49	0.71	0.19	0.59
1b	0.2	0.14	0	0
2	0	0	0	0
3	0	0	0	0

(Information related to AUKUH can be found in the Appendices)

Professional Judgement Tool:

Prof Judgement	Prof Judgement	Prof Judgement	Prof Judgement
11.8	11.8	11.8	12.1

Registered Nurse /Health Care Assistant % split:

RN/HCA Split	RN/HCA Split	RN/HCA Split	RN/HCA Split
54/46	59/41	64/36	64/36

Registered Nurse to Bed Ratio per shift:

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

Workforce Information:

Absence rate % (Nov 2015)	Absence rate % (YTD)	YTD Turnover rate	Mandatory Training % (Nov 2015)	PDRs % (Nov 2015)
4.86	6.11	18.7	90	89

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	64.9

Quality Indicators/ Exceptions (June 2015 – Nov 2015):

	Number	Action
Medication Errors:	1	1 drug prescribed twice although this was noted so no harm to patient.
Falls	0	
Pressure ulcers	0	
Complaints	0	

Exception Report Summary: The AUKUH is always to be used loosely when completing for small numbers of patients / small wards. In this instant, there were smaller numbers of patients than usual whilst collating the date. Staffing each month has been safe and reported to Board. The bank and agency spend is within budget controls and the staffing skill-mix split is appropriate. Further work will be undertaken in the next few months to confirm the viability of making this ward 24/7 for patients following cardiac surgery.

Workforce KPIs are being met and the quality indicators recognise safe care. We have seen less patients transferring to Mulberry ward at the end of their stay due to better bed flow management which has resulted in no FFT being completed.

The staffing in this area is safe.

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.

Within the department over 4000 elective procedures are performed annually, providing a service to medicine, surgery and critical care. The Operating Theatres are the clinical areas involved in the provision of cardiac surgery, thoracic surgery, gastrointestinal surgery, cardiac pacemaker implants and endoscopy procedures. 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	Dec	FTE June 2015	FTE Nov	Actual FTE
75.68		78.2*	78.2	71.42

*Please note this was following a financial investment by the Executive Board earlier in the year in line with AfPP guidelines (Association for Perioperative Practice). 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)	2 x scrub practitioners (band 5/6)	1 x circulating practitioner

	No. of sessions (week)		Hours per session		Staff per session		Total
Cardiac	45.00	x	5	x	3.5	=	787.5
Thoracic	19.00	x	5	x	4.5	=	427.5

Theatre staffing is determined using the Association for Perioperative Practice (AfPP) “Staffing for Patients in the Perioperative Setting”. The staffing model is specific to Theatre Departments and is recognised nationally as the staffing model for best practice.

Bank and Agency spend including variance against pay budget (April 2015- Nov 2015):

Bank and Agency Total	Pay Variance (underspends in brackets)
(Bank RN) £1,147	
(Bank Band 4 and below) £10,188	
(Agency) £298,271	
Total £309,606	£119,024

Registered Nurse /Health Care Assistant % split:

RN/HCA Split	RN/HCA Split	RN/HCA Split	RN/HCA Split
80/20	80/20	80/20	80/20

Workforce Information:

Absence rate % (Nov 2015)	Absence rate % (YTD)	YTD Turnover rate	Mandatory Training % (Nov 2015)	PDRs % (Nov 2015)
0.46	2.09	7.1	90	55

Quality Indicators/ Exceptions (June 2015 – Nov 2015):

	Number	Action
Medication Errors:	1	1 expired paravertebral cassette used although no harm noted to patient. Staff advised regarding checking of cassettes.
Falls	0	
Pressure ulcers	0	
Complaints	0	
Never events	1	

Friends and Family Test is not undertaken in this area.

Exception Report Summary: There are 11.76 wte (clinical and non-clinical) vacancies within the theatre department. There are four band 5 posts appointed to and awaiting start dates and one band 3 starting in January 2016. It is recognised that there is a national shortage of theatre practitioners (nurses) and therefore the candidates have many options available to them. As a Trust we have been to national advertisement recruitment as well as local advertisements and are raising awareness regarding our vacancy factor at job fairs and army recruitment events.

Local advertisements are running on a continual basis. In order to mitigate risk with this level of vacancies, staff are working extra shifts and agency staff are being used. In order to ensure that we can fully support the agency staff and to ensure patient safety, agency staff are booked for a block period as opposed to one shift. The agency usage has been reduced over the last 6 months with continual plans to reduce this further.

The use of agency staff has resulted in a significant over-spend which the Theatre Manager and the Head of Nursing are monitoring. The Head of Nursing and the interim Theatre Manager are completing work related to rosters to determine if there are further ways of reducing the over-spend. Work is currently underway to manage the mandatory training and PDR KPIs in order for the department to be compliant. The Head of Nursing is meeting with the interim Theatre Manager fortnightly to monitor this. Some senior staff have taken early retirement within the department and interviews are taking place w /c 4th January 2016.

This area is safe.

Appendix 4: Division of Clinical Services December 2015

Critical Care and HDU

The critical care and HDU units now operate as a combined unit in relation to staffing. This was effective from October 2015. There are no separate quality indicators for HDU. From June to October, this would have been incorporated into Cedar Ward's information and from October onwards into Critical Care. However for the purpose of this paper the staffing establishments have been separated.

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 increases in capacity, 1 side room in ICU and 4 corner beds within POCCU however these have not been commissioned to date)

Thoracic HDU

HDU is a 4 bedded unit based on Cedar Ward but has been under the direct management of the Matron for 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 (This does not include Unit Matron, Business Manager, Advanced Practitioners, Outreach Team, Admin/audit team, Technicians and the Education Team)

	FTE Dec 2014	FTE June 2015	FTE Dec 2015	Actual FTE June 2015
Critical Care	185.34	185.34	186.05	166.71(-19.34*)
HDU	11.4	11.4	11.4	4.6 (-6.8**)

* 18.68 additional Critical Care staff have been successfully interviewed but not yet in post = current variance of .66wte

** 3 additional HDU staff have been successfully interviewed but not yet in post = current variance of 3.8wte

Planned staffing required for each shift on HDU

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

Since HDU came under the management of Critical Care, a HCA has been allocated to work alongside the two RNS. This has been undertaken to ensure safe care can be delivered during break times and when staff are required to transfer patients to ward areas etc. The use of support workers in HDU are allocated using the establishment from within Critical Care

Monthly Staffing for HDU Reported to Unify and Trust Board

This table highlights the compliance of actual staffing versus planned staffing for each month (as a percentage) which is presented to Trust Board monthly with rationale for numbers being over or under 100%.

	June 2015	July 2015	August 2015	Sept 2015	October 2015	November 2015
RN Days(E/L)	100	100	100	100	100	100
RN Nights	100	100	100	100	100	100

Comments: Fully compliant

Critical Care Staffing by Band

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2
Funded WTE	11.15	30.82	112.32	9.96*	2.67	19.13
Actual WTE	10.15	30.1	96.81	9.14*	2.67	17.84
Variance	-1.0	-0.72	-15.51	- 0.82	0	-1.29

* the Band 4 Intensive Care Assistant role is current going through the organisational change process with a plan to convert these posts to Band 5 RN positions.

Intensive Care Society/RCN Guidance:

Staffing levels are set nationally for level 2 & 3 beds and is not completed in the same manner as ward staffing. Staffing is flexed dependent on the level and number of patients on the Unit.

Level 2 = 2:85 WTE nurses per bed. Level 3 = 7:00 WTE nurses per bed.

	Current establishment enables the following care to be given		
	Mon - Fri	Sat	Sun
Level 2	16	12	8
Level 3	14	14	14
Total Beds	30	26	22

Actual activity vs. capacity set by staffing establishment

The staffing establishment identified above based on historic activity does not reflect current levels of activity. For the past three years there has been an additional 1600 level 3 bed days above what the establishment has been set at. In 2015/6 this figure will increase to over 2000 additional level 3 bed days. This additional activity also takes into account weekend working which comes with an increased premium in providing staff cover.

If there was an increase of substantive staff to meet this increased activity and acuity, an additional 32.0 wte RNs would be required.

Bank and Agency spend including variance against pay budget

Due to the level of vacancies within the unit and an increased level of activity above what is set by the staffing establishment, the Critical Care Unit has had to rely on using additional temporary staffing to meet the demand. The Management Team have attempted to address this shortfall by

- Filling outstanding vacancies (only 4.4wte vacancies as at end of Dec inc HDU)
- Flexible recruitment process to allow faster recruitment times
- Skill Mix review (reviewing the role of the Band 4 ICA)
- Reducing sickness to meet Trust target
- Incentivising the use of bank nurses over the use of agency nurses by improving out of hours pay rates
- Implementation of the new electronic rostering system

The improvements delivered above have had a positive impact on the use of agency nursing up to December 2015; however the full impact will not be realised until the end of the financial year when all new staff are in post and have completed the supernumerary preceptorship period.

As a result the Unit continues to use high levels of both bank and agency nursing at a significant cost above the current set staffing establishment

Bank and Agency spend including variance against pay budget (April 2015- November 2015)

Staff Group	Current balance (end Nov 2015)
Bands 5-7 substantive staff	- £560,551
Bands 5-7 Bank staff	+ £371, 307
RN Agency use	+ £1,014,528
Balance	+ £ 825,284
With adjustments to other staff positions	+ £ 875,472

Comment

As at end of November 2015, there is a significant underspend in the substantive staffing budget due to remaining vacancies. This has resulted in a very high spend of temporary staffing, with the majority spend on RN Agency. The unit will remain reliant on temporary staffing until the end of the financial year but work will continue on increasing the use of bank work and minimising agency use.

Registered Nurse /Health Care Assistant % split:

RN/HCA Split April 2014	RN/HCA Split December 2014	RN/HCA Split June 2015	RN/HCA Split Dec 2015
84/16	84/16	83/17	83/17

Registered Nurse to Bed Ratio per shift:

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

Ratio of substantive/ bank staff to agency staff

Days	Average ratio 8:1
Nights	Average ratio 2:1

Comment

The use of agency on a per shift basis shows a safe ratio when taken as an average over the period.

The average of agency staff used on night shifts is close to 33%. The Intensive Care Society guidelines state that this should not exceed 20% on any given shift. In partial mitigation, the majority of agency used within critical care regularly undertake shifts at LHCH Critical Care and are fully trained to use EPR. They are therefore familiar to how the unit operates.

The ratio of agency staff working night shifts has been recently improved since the introduction of an improved hourly bank rate of pay for the weekend and nights period, now increased to £28 per hour.

The Management Team continues to incentivise the use of bank staff over agency staff to ensure the Unit remains safe and efficient

Workforce Information:

Absence rate % (Nov 2015)	Absence rate % (YTD)	YTD rate (YTD)	Turnover	Mandatory Training % (Dec 2015)	PDRs % (May 2015)
4.25	6.06	9.2		90	68

Comment

There is an action plan to improve compliance for PDR completion which will show a significant improvement by end of January 2016. A new PDR process was implemented this year where the senior staff have had joint PDRs completed by the Critical Care Matron and the Head of Nursing

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	
Critical Care	87.8
HDU	86.3

Quality Indicators/ Exceptions (June 2015 to November 2015):

	Number	Action
Medication Errors:	16	There have been 16 incidents between June and November with the majority trend identified as wrong drug prescribed. This was identified before administration and therefore no harm resulted. However on 8 occasions it was administered incorrectly (wrong time, rate, dose, formula) and on one occasion to wrong patient. All resulted in no harm and full incident review was shared at Critical Care Safety Huddle
Falls	1	Patient slid off chair and was unable to get herself up.
Avoidable Pressure ulcers	3	1 related to complexity of patients condition but suggestive of sheer friction to heels 2 oxygen device related causing damage to ears (however multiple risk factors noted) Feedback from incidents relayed to staff at TV meetings and via staff huddles
Complaints	1	Complaint fully investigated and response sent Relating predominately to the medical care on Critical Care. Overall nursing care identified as good.

Friends and Family Test:

Number completed Dec 2014 – June 2015	Average monthly net promoter score
51	99.33

Comments Made by Patients

No negative comments have been received via FFT for Critical Care. A range of positive comments are included below.

- Excellent care, safe clean hospital, good reputation
- Kind compassionate professional care
- Staff have all been very kind, felt I could always ask for assistance, polite and professional. very clean environment
- Care is very good
- First class staff and attention
- Excellent care given
- My mum who is the patient said the best thing about the poccu for her was being treated with respect, it meant a lot to her and the family. For me the staff were amazing, they were professional, friendly and approachable.
- Excellent service
- Care was great and so where the staff
- Excellent and professional Care Friendly. Staff and good Teamwork And Friendly staff
- Care Respect
- Service is first class in every department my
- Everywhere is so clean
- Staff have been excellent
- Wonderful
- The care and consideration and respect given by the staff. Wonderful!!

- Excellent care
- Staff very professional can't do enough for you extremely helpful

Exception Report Summary:

In terms of safety, both the Critical Care and HDU units have ensured that patients have been cared for appropriately and safely according to their level of acuity. This is reflected demonstrated by the low level of adverse incidents considering the high complexity of the area and the receiving of very positive patient and family feedback. However, one improvement in regards to safety involves the ratio of agency staff rostered to do night shifts which is still above the 20% target. The introduction of an improved bank rate has provided improvements, however further work needs to be undertaken in how shifts are allocated using the electronic roster.

In terms of efficiency the Critical Care Unit has had to rely on high levels of bank and agency usage in order to deal with the level of activity and demand – considerably above what the staffing establishment has been set to deal with.

The Divisional Management Team are reporting agency usage on a weekly basis to the Executive Team and trajectories have been set to monitor this closely. The use of agency is likely to reduce in the next six month period but significant improvement will only be achieved when the unit is fully staffed to establishment and all nurses have completed their preceptorship period. If agency use continues to sit above the set trajectory further review of the staffing establishment will be undertaken to reflect true activity.

For 2016/7, plans are being developed to review potential to increase critical care capacity by an additional 5 level beds to support new services such as ACHD. This will have a significant impact on the future nursing establishment, with up to an additional 35 Registered Nurses required.

The unit is safe but improvements to efficiency in relation to agency use are required.

Outpatients Department:- The Outpatients Department consists of 17 Consulting rooms, 2 treatment rooms, 2 interview rooms, 2 ECG rooms and a third ad hoc room for ECG's/additional patients/clinics. It caters for a wide range of specialities including Cardiology, Thoracic, Respiratory, Cystic Fibrosis, Congenital and Oncology. Patients attend from all over the country but mainly from Merseyside, Wirral, Isle of Man and North Wales.

The Outpatients redesign work is currently underway. During renovation, capacity will not be affected. By March/ April 2016, the redesign will be complete. Capacity will then increase to 21 Consulting Rooms.

Within the Outpatients Department, the Clinical Nurse Practitioners (CNP) work alongside the staff of Outpatients to support and advise where appropriate. The Matron for Clinical Services also provides senior leadership to the Outpatients Team. Since the appointment of the Matron, the RN establishment has been reduced by 1.0wte to 2.6wte. This is currently a temporary measure which will be reviewed at the end of March 2016. Up to this point, 2 of the remaining RNs are rotating into an acting Band 6 Outpatient Manager position with additional support provided by the Matron.

When the redesign is complete with anticipated efficiencies such as an electronic patient calling system, the current establishment of HCAs will also be reviewed. Until then, current HCA vacancy is being left unfilled.

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

FTE Sept 2013	FTE June 2015	FTE Dec 2015	Actual FTE June 2015
12.45 (RN 3.6 Non-reg 8.85)	11.85 (RN 3.4 Non reg 8.45)	10.02 (RN 2.4 Non reg 7.62)	10.02

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 Lead CNP and then to the Matron

Bank and Agency spend including variance against pay budget (April 2015- Nov 2015):

Bank and Agency Total 2014/15	Pay Year End Variance (underspends in brackets)
(Bank RN) £0	
(Bank Band 4 and below) £0	
(Agency) £0	
Total £	(20,939)

OPD is underspent by £20,939 YTD

Bank and Agency spend including variance against pay budget (April 2015- Nov 2015):

Bank and Agency Total M1-M2 2015/2016	Variance as at Month 2 (underspends in brackets)
(Bank RN) £0	
(Bank Band 4 and below) £0	
(Agency) £0	
Total £0	

Professional Judgement Tool:

Prof Judgement December 2015
1.3 wte RN (+ Supervisory Manager time)
8.8 wte HCAs required

Workforce Information:

Absence rate % (Nov 2015)	Absence rate % (YTD)	YTD Turnover rate (YTD)	Mandatory Training % (May 2015)	PDRs % (May 2015)
6.49	2.54	0	94	100

Patient Activity Data (Apr 2015 to Nov 2015)

Year To Date									
Plan			Actual			Variance			
New	Fup	Total	New	Fup	Total	New	Fup	Total	% Total
15563	26499	42068	15908	30739	46647	339	4240	4579	10.9%
15651	26825	42476	15944	30807	46751	293	3982	4275	10.1%

Comment

The Outpatients Department continues to perform well above plan with an additional 10% of new and follow up patients seen.

Quality Indicators/ Exceptions (June 2015 to November 2015):

	Number	Action
Medication Errors:	2	Patient details on EPR system not fully completed. No medications administered
Falls	0	
Pressure ulcers	0	NIL
Complaints	0	NIL

Friends and Family Test:

Number completed Jun 2015 to Nov 2015	Average monthly score %
278	89.25

The ranges of comments received are identified below. Main areas for improvement revolve around waiting times and signage.

These areas are to be addressed within the Outpatients improvement programme

- Very polite very well presented a credit to outpatients
- Staff very helpful and very professional
- I would be lost without you all thank you
- Thoughtful and very helpful staff
- The whole service from beginning to end was so professional whole team of staff polite
- Everyone very nice
- Waiting times / delays to be displayed.
- Been to rapid access clinic to be given results of tests which is operable to be seen by a surgeon
- Professional service
- Very confident and polite staff
- Departments vary in customer care
- I really like this hospital and the friendly nature of the staff.
- Staff all pleasant and know their job routines
- The girls work really hard on clinics and I can't praise them enough for looking after me.
- Profession service apart from the waiting time
- For waiting times to be improved

- Outpatients signs could be clearer But on a better note staff and doctors are polite and courteous
- I cannot praise this hospital enough the staff very polite and courteous and very informative when clinic is running late and why. Outpatient staff are a credit to you all
- Was informed of delays on quarterly hour of delay.
- Good all over clinic
- I found the staff extremely helpful the department have been fantastic whilst I've been a patient here

Exception Report Summary:

The Head of Nursing and Matron for Clinical Services are currently undertaking a current and future staffing review for the Outpatients Dept. Since the Matron was appointed, the previous position of OPD manager (vacated since July 2015) has not been replaced. Senior leadership is provided by the Matron and two of the Band 5 Staff Nurses are undertaking consecutive 3 month acting up positions to the Dept Manager position. A decision on whether this will become permanent will be made in March 2016. Since the reduction of 1.0wte in RNs there have been no adverse quality issues reported. This Department's staffing is currently considered safe.