

## Appendix 2

### Division of Medicine June 2016

**Cherry Ward (was Amanda Unit):** Is a 10 bedded unit with single rooms, all rooms have en suite facilities. This ward was opened in August 2015 to accommodate patients who have Cystic Fibrosis (CF) and also for Cardiology patients. The ward is supported by (CF) Nurse Specialists and Advanced Nurse Practitioners who support the cardiology patients. The ward remains the cohort ward for children admitted to the Trust.

#### Funded establishment and actual staffing

| FTE April 2014 | FTE Dec 2014 | FTE May 2015 | FTE Dec 2015 | FTE May 2016 | Actual May 2016 |
|----------------|--------------|--------------|--------------|--------------|-----------------|
| 19.2           | 18.6         | 18.6         | 18.65        | 19.40        | 16.55           |

#### Planned staffing required for each shift for Cherry Ward:

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

#### Monthly Staffing Reported to Unify and Trust Board:

|                   | Dec 2015 | Jan 2016 | Feb 2016 | March 2016 | April 2016 | May 2016 |
|-------------------|----------|----------|----------|------------|------------|----------|
| RN Days(E/L)      | 79.8     | 96.7     | 94.9     | 107.0      | 103.3      | 96.8     |
| RN Nights         | 87.1     | 92.9     | 87.9     | 95.2       | 80.0       | 88.7     |
| HCA/AP Days (E/L) | 67.7     | 89.6     | 75.0     | 64.5       | 63.3       | 64.5     |
| HCA / AP Nights   | 57.9     | 100.0    | 93.1     | 87.1       | 93.3       | 96.8     |

#### Comments

The management of Cherry ward has now been combined with Maple Suite, the 2 wards are managed by 1 ward manager, this arrangement has been introduced as a 6 month period with a review at 3 months and a further review at 6 months to understand if this will continue to be the staffing model for Cherry and Maple. This model is currently working well, and the ward manager has introduced a new model of care.

#### ECS for Cherry

ECS for Cherry is green all results above 90% and the teams are working through the action plan, to support the improvements around clinical record keeping

#### Bank and Agency spend including variance against pay budget (January 2016- May 2016):

| Bank and Agency Total:          | Pay Variance (underspends in brackets) |
|---------------------------------|--|
| (Bank RN) £16,749               |  |
| (Bank Band 4 and below) £10,072 | April 2015 to March 2016 - 51,609      |
| (Agency RN) £1854               | April to May 2016 – (6,682)            |
| Total £28,675                   |  |

Cherry ward have had 3 RN on long term sick throughout the course of this period and an RN on maternity leave. A management plan has been worked up with HR to support the staff throughout their sickness. This has resulted in a modest overspend in bank and agency, the manager has put processes in place including close working with Maple Suite and the other ward areas to reduce the financial impact on the ward. The CF nurses will also be supporting the ward with increased visibility in the area.

**Patient Dependency Tool (AUKUH):**

| AUKUH WTE<br>December | AUKUH WTE<br>April 2015 | AUKUH WTE<br>November 2015 | AUKUH WTE<br>May 2016 |
|-----------------------|-------------------------|----------------------------|-----------------------|
| 14.6                  | 18.3                    | 15.1                       | 17.1                  |

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

| Level | December 2014 | April 2015 | November 2015 | May 2016 |
|-------|---------------|------------|---------------|----------|
| 0     | 9             | 3.52       | 3.2           | 4.38     |
| 1a    | 0             | 2.57       | 3.8           | 3.5      |
| 1b    | 3.14          | 11.28      | 3.5           | 4.61     |
| 2     | 0             | 0          | 0             | 0        |
| 3     | 0             | 0          | 0             | 0        |

**Professional Judgement Tool:**

| Prof Judgement<br>December 2014 | Prof Judgement<br>June 2015 (Aug 2015) | Prof Judgement<br>December 2015 | Prof Judgement |
|---------------------------------|--|---------------------------------|----------------|
| 19.4                            | 19.4 (cherry 18.2)                     | 18.2                            | 17.5           |

**Registered Nurse /Health Care Assistant % split:**

| RN/HCA Split<br>December 2014 | RN/HCA Split<br>June 2015 | RN/HCA Split<br>December 2015 | RN/HCA Split<br>June 2016 |
|-------------------------------|---------------------------|-------------------------------|---------------------------|
| 64/36                         | 59/41 (cherry 63/37)      | 66/34                         | 63/35                     |

**Registered Nurse to Bed Ratio per shift:**

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

**Workforce Information:**

| Absence rate %<br>(May 2016) | Absence rate %<br>(YTD) | YTD Turnover<br>rate<br>(YTD) | Mandatory<br>Training %<br>(June2016) | PDRs %<br>(June2016) |
|------------------------------|-------------------------|-------------------------------|---------------------------------------|----------------------|
| 11.6                         | 13.25                   | 7.92%                         | 89%                                   | 95%                  |

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

**Ward Occupancy Rates YTD:**

|                | % Average Rate |
|----------------|----------------|
| Ward Occupancy | 79.6%          |

**Quality Indicators/ Exceptions (December 2015 – June 2016):**

|                    | Number | Action   |
|--------------------|--------|--|
| Medication Errors: | 2      | The 2 medication errors involved insulin doses which were an issue around the policy not being followed. The policy has now been given to all RNs with a signatory sheet to sign once the policy has been read and fully understood. Shared learning has occurred in both areas, Maple and Cherry. |
| Falls              | 1      | The fall occurred on a night shift when the patient could not get hold of the nurse call bell, further work has been completed to ensure when comfort checks are completed, the nurse call bell is easily accessible for patients.   |
| Pressure ulcers    | 0      |  |
| Complaints         | 0      |  |

**Friends and Family Test:**

| Number completed Dec 2015 – June 2016 | Average monthly net promoter score |
|---------------------------------------|------------------------------------|
| 182                                   | 83%                                |

**Verbatim comments made by patients:**

- Care and attention given to all patients
- Very friendly and supportive, met all my needs plus more
- Amazing team
- Very friendly staff, that will go out of their way to help you
- The facilities and care are great
- Clare the CF nurse is great
- The staff nurses, doctors the whole team are amazing and understanding
- Very helpful and caring nurses

**Exception Report Summary:**

Cherry Ward is a new ten bedded unit with individual en suite rooms and it opened in August 2015. 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 has been involved with establishing the new ward and plays 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 the 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 is working closely with the Head of Nursing 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 in daily handovers.

Work has been done regarding the private patients and Maple and Cherry will both support and accommodate private patients.

#### **Birch Ward:**

##### **Funded establishment and actual staffing**

| FTE Dec 2014 | FTE May 2015 | FTE Dec 2015 | FTE May 2016 | Actual FTE May 2016 |
|--------------|--------------|--------------|--------------|---------------------|
| 48.7         | 48.7         | 48.89        | 48.92        | 47.35               |

##### **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:**

|                   | December 2015 | January 2016 | February 2016 | March 2016 | April 2016 | May 2016 |
|-------------------|---------------|--------------|---------------|------------|------------|----------|
| RN Days(E/L)      | 97.3          | 93.8         | 96.0          | 85.9       | 94.5       | 75.8     |
| RN Nights         | 91.7          | 92.9         | 87.9          | 99.2       | 98.3       | 94.4     |
| HCA/AP Days (E/L) | 71.6          | 89.6         | 75.0          | 100.8      | 100.4      | 99.2     |
| HCA/AP Nights     | 108.1         | 100.0        | 93.1          | 108.1      | 116.7      | 106.5    |

#### **Comments:**

All shifts have been monitored and reported as safe. Where planned staffing has not been met bank and agency has been requested or staff 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. There has been some long term sickness and this is being managed in line with Trust policy.

The temporary ward manager has now gone back into the band 6 role and the ward manager from Cherry has gone to Birch ward to manage the ward for a 6 month period. This is currently under review, to understand how Birch ward will work in the future.

#### **ECS for Birch**

Green overall, but amber for leadership, action plan is currently being devised.

**Bank and Agency spend including variance against pay budget (January 2016- May 2016)**

|                                 |   |
|---------------------------------|---|
| Bank and Agency Total:          | Pay Year End Variance (underspends in brackets) |
| (Bank RN) £8,361                |   |
| (Bank Band 4 and below) £13,848 |   |
| (Agency RN) 0                   | April 2015 to March 2016 – 43,879               |
| (Agency HCA) £2106              | April to May 2016 – 5,238                       |
| Total £24,314                   |   |

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 and enhanced care.

**Patient Dependency Tool (AUKUH):**

|                            |                         |                            |                   |
|----------------------------|-------------------------|----------------------------|-------------------|
| AUKUH WTE<br>December 2014 | AUKUH WTE<br>April 2015 | AUKUH WTE<br>November 2015 | AUKUH<br>May 2016 |
| 52.7                       | 53.3                    | 46.8                       | 62.9              |

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

| Level | December 2014 | April 2015 | November 2015 | May 2016 |
|-------|---------------|------------|---------------|----------|
| 0     | 21.38         | 19.3       | 18.55         | 26.2     |
| 1a    | 9.26          | 14.6       | 8.56          | 9.79     |
| 1b    | 10.05         | 9.3        | 10.85         | 14.99    |
| 2     | 0             | 0          | 0             | 0        |
| 3     | 0             | 0          | 0             | 0        |

**Professional Judgement Tool:**

|                                 |                                    |                                 |                            |
|---------------------------------|------------------------------------|---------------------------------|----------------------------|
| Prof Judgement<br>December 2014 | Prof Judgement<br>June 2015/august | Prof Judgement<br>December 2015 | Prof Judgement<br>May 2016 |
| 51.7                            | 51.0                               | 49.8                            | 49.8                       |

Due to the introduction of long days and a review of the nursing model for the ward professional judgment has dropped for the latest 2 reporting periods. Hopefully this will support the rotation of trained staff into cath lab reducing agency spend.

This new rotation has not commenced as of yet but will be planned for the next new starter groups in September.

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<br>December 2014 | RN/HCA Split<br>June 2015 | RN/HCA Split<br>December 2015 | RN/HCA Split<br>June 2016 |
| 66/34                         | 66/34                     | 63/37                         | 62/38                     |

**Registered Nurse to Bed Ratio per shift:**

|       |        |
|-------|--------|
| Early | 1:6    |
| Late  | 1:6    |
| Night | 1:10.5 |

**Workforce Information:**

| Absence rate %<br>(June 2016) | Absence rate %<br>(YTD) | YTD Turnover<br>rate%<br>(YTD) | Mandatory<br>Training %<br>(June 2016) | PDRs %<br>(June 2016) |
|-------------------------------|-------------------------|--------------------------------|--|-----------------------|
| 7.66%                         | 7.44%                   | 6.08%                          | 93%                                    | 95%                   |

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

**Ward Occupancy Rates YTD:**

|                       | % Average Rate |
|-----------------------|----------------|
| <b>Ward Occupancy</b> | 83.7%          |

**Quality Indicators/ Exceptions (December 2015 – June 2016):**

|                    | Number | Action   |
|--------------------|--------|--|
| Medication Errors: | 4      | There have been 4 medication errors from Jan –June 2016 with no harm to patients, with no trends. All separate incidents are discussed and reviewed at governance, then plans fed back to the ward staff from the ward manager. 2 of the errors were regarding TTOs.   |
| Falls              | 9      | There have been 9 falls in total on Birch ward, 4 of which were the same patient, Work has been undertaken on the bathrooms on Birch, and measures are being put in place, looking at staffing models to look at staff working in the bays, focusing on frailty assessments and board rounds.  |
| Pressure ulcers    | 0      |  |
| Complaints         | 3      | <p><b>Complaint 1</b> - patient dignity on transfer to the Isle of Man. A visit was made to the IOM to visit patients and also to speak to Nobles about the process. The main issue was that the patient was deferred to Manchester airport on a commercial flight.</p> <p><b>Complaint 2</b> discharge process rushed and doctor asked inappropriate questions, letter of apology sent to patient. ( medical staff complaint)</p> <p><b>Complaint 3</b> heart failure patient multiple issues with admission from medical and nursing staff. Action plan is currently being worked through.</p> |

**Friends and Family Test:**

| Number completed Dec 2015 – June 2016 | Average monthly net promoter score |
|---------------------------------------|------------------------------------|
| 534                                   | 100%                               |

**Verbatim comments made by patients:**

- A brilliant hospital, friendly staff, good food cannot be beaten
- Nice friendly staff all good
- Always someone there to either answer or find answers
- Couldn't be happier with staffing levels and their abilities in dealing with my family.
- Everything great for me during my stay here
- Friendly and knowledgeable staff help put patients at ease.

**Exception Report Summary:**

The occupancy and turnover of patients has been high for the reporting period. Falls remains an area that requires improvement on this ward.

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; many have complex inpatient care needs and complex discharge requirements.

The ward now accommodates 42 patients and the impact of this will be monitored.

All shifts have been reported as safe. A new model of care has currently being introduced into Birch ward to look at a 1-8 nursing ratio. AUKUH has increased considerably during this reporting period, this will be reviewed in the new model with the ward manager to understand why this has occurred as there does not appear to be any change in the patient acuity/mix

There have been a lot of patients requiring enhanced care during this reporting period.

The medicine division has now recruited two ANPs who will be working to support the division and spending time with Birch to support patient flow, education and look at new ways of working to improve quality.

**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 utilized 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**

| FTE Dec 2014 | FTE May 2015 | FTE Dec 2015 | FTE May 2016 | Actual May 2016 |
|--------------|--------------|--------------|--------------|-----------------|
| 20.5         | 20.35        | 20.35        | 20.50        | 20.08           |

**Planned staffing required for each shift for Maple Suite:**

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

**Monthly Staffing Reported to Unify and Trust Board:**

|                   | December 2015 | Jan 2016 | February 2016 | March 2016 | April 2016 | May 2016 |
|-------------------|---------------|----------|---------------|------------|------------|----------|
| RN Days(E/L)      | 123.1         | 103.7    | 92.7          | 128.1      | 110.0      | 100.0    |
| RN Nights         | 98.9          | 100.0    | 100.0         | 100.0      | 100.0      | 96.7     |
| HCA/AP Days (E/L) | 72.6          | 80.5     | 71.6          | 65.3       | 55.0       | 63.3     |
| HCA/AP Nights     | 96.9          | 96.8     | 96.5          | 100.00     | 100.0      | 96.7     |

**Comments:**

Overall shifts have been staffed safely and according to plan. All shifts are monitored carefully and bank and agency is only requested when needed. However, there has been sickness which is currently being managed and one is due to pregnancy related issues which has had an impact on staffing. The ward manager works closely with the Head of Nursing to support this.

**ECS for Maple**

ECS is green - all high results and the action plan is being devised.

**Bank and Agency spend including variance against pay budget (January 2016-May 2016):**

| Bank and Agency Total:         | Pay Year End Variance (underspends in brackets) |
|--------------------------------|---|
| (Bank RN) £3,184               |   |
| (Bank Band 4 and below) £1,492 |   |
| (Agency RN) £741               | April 2015 to March 2016 – 11,348               |
| (Agency Band 4 and below)      | April to May 2016 – (17,043)                    |
| Total £5,417                   |   |

Maple Suite have had one member of staff with pregnancy related sickness. There has also been some short term sickness resulting in a small overspend on bank and agency.

**Patient Dependency Tool (AUKUH):**

| AUKUH WTE Dec 2014 | AUKUH WTE April 2015 | AUKUH WTE November 2015 | AUKUH WTE May 2016 |
|--------------------|----------------------|-------------------------|--------------------|
| 18.7               | 13.15                | 18.5                    | 17.32              |

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

| Level | December 2014 | April 2015 | November 2015 | May 2016 |
|-------|---------------|------------|---------------|----------|
| 0     | 6.28          | 7.23       | 4.15          | 5.90     |
| 1a    | 0.4           | 1.32       | 2.4           | 4.10     |
| 1b    | 6.75          | 4.6        | 6.25          | 4.03     |
| 2     | 0             | 0          | 0             | 0        |
| 3     | 0             | 0          | 0             | 0        |

**Professional Judgement Tool:**

| Prof Judgement December 2014 | Prof Judgement June 2015 | Prof Judgement Dec 2015 | Prof Judgement |
|------------------------------|--------------------------|-------------------------|----------------|
| 20.4                         | 20.4                     | 20.4                    | 18.5           |



**Registered Nurse /Health Care Assistant % split:**

| RN/HCA Split<br>December 2014 | RN/HCA Split<br>June 2015 | RN/HCA Split<br>December 2015 | RN/HCA Split |
|-------------------------------|---------------------------|-------------------------------|--------------|
| 58/42                         | 56/44                     | 63/37                         | 60/40        |

**Registered Nurse to Bed Ratio per shift:**

|       |       |
|-------|-------|
| Early | 1:6.5 |
| Late  | 1:6.5 |
| Night | 1:6.5 |

**Workforce Information:**

| Absence rate %<br>(June 2016) | Absence rate %<br>(YTD) | YTD Turnover<br>rate<br>(YTD) | Mandatory<br>Training %<br>(Jun 2016) | PDRs %<br>(Jun 2016) |
|-------------------------------|-------------------------|-------------------------------|---------------------------------------|----------------------|
| 6.14%                         | 3.6%                    | 14.77%                        | 96%                                   | 95%                  |

**Ward Occupancy Rates YTD:**

|                       | % Average Rate |
|-----------------------|----------------|
| <b>Ward Occupancy</b> | 74.2%          |

**Quality Indicators/ Exceptions (Dec 2015 – June 2016):**

|                    | Number | Action  |
|--------------------|--------|---|
| Medication Errors: | 2      | The 2 medication errors were TTOS that were wrongly labeled from pharmacy on discharge.   |
| Falls              | 1      | The fall was a CF patient who fell whilst getting out of the shower, due to a wet floor.  |
| Pressure ulcers    | 0      |   |
| Complaints         | 1      | Patient attended for biopsy and blood results were lost prior to procedure and had to be retaken. The patient had to be relisted. A letter of apology was given to patient. |

**Friends and Family Test:**

| Number completed Dec 2015 – June 2016 | Average monthly net promoter score |
|---------------------------------------|------------------------------------|
| 699                                   | 100%                               |

**Verbatim comments made by patients:**

- Everyone was professional, courteous, and friendly
- Very nice staff
- The care that is given here is the best
- Excellent care
- Staff are brilliant

### 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. The Maple suite ward manager is now also managing Cherry on a 6 month temporary measure to look at a future model of care for the patients on both units. All shifts have been reported as safe, and the ward manager supports staff on both areas of Cherry and Maple. Can we discuss this? Family room

### 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 trollies. Holly Suite also has an endoscopy suite and a treatment room for clinical procedures e.g. provocation tests, GA bronchoscopies.

### Funded establishment and actual staffing:

| FTE Dec 2014 | FTE May 2015 | FTE Dec 2015 | FTE May 2016 | Actual May 2016 |
|--------------|--------------|--------------|--------------|-----------------|
| 23.8         | 23.3         | 23.37        | 24.97        | 25.04           |

### Planned staffing required for each shift for Holly Suite:

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

Additional staff are added on Monday, Wednesday and Thursday which consists of two registered nurses, and a HCA working in the scope room.

There is a coordinator for the am and pm shift and these are included in the figures. The recovery area is staffed separately with 2 registered nurses on both shifts. Within the main

body of the ward there is 4 trained staff, 2-3 APs and 2-4 HCAs depending on capacity and patient dependency.

If the patient numbers are low, staff are redeployed to areas where staff shortages need to be covered.

### **ECS for Holly**

ECS for Holly is green and is due for further review in September 2016

### **Bank and Agency spend including variance against pay budget (January 2016- May 2016):**

|                                |  |
|--------------------------------|--|
| Bank and Agency Total:         | Pay Variance (underspends in brackets) |
| (Bank RN) £2,897               |  |
| (Bank Band 4 and below) £1,421 | April 2015 to March 2016 – 13,728      |
| (Agency RN) £1019              | April to May 2016 - 469                |
| Total £5,337                   |  |

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.

### **Patient Dependency Tool (AUKUH):**

|                    |                      |                         |                    |
|--------------------|----------------------|-------------------------|--------------------|
| AUKUH WTE Dec 2014 | AUKUH WTE April 2015 | AUKUH WTE November 2015 | AUKUH WTE May 2016 |
| 24.6               | 26.93                | 27.3                    | 27.2               |

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

| Level | December 2014 | April 2015 | November 2015 | May 2016 |
|-------|---------------|------------|---------------|----------|
| 0     | 13.1          | 10.5       | 15.3          | 12.57    |
| 1a    | 6.1           | 14.64      | 5.9           | 11.18    |
| 1b    | 1.4           | 1.7        | 2.05          | 3.29     |
| 2     | 0.2           | 0          | 0             | 0        |
| 3     | 0             | 0          | 0             | 0        |

### **Professional Judgement Tool:**

|                              |                                 |                              |                |
|------------------------------|---------------------------------|------------------------------|----------------|
| Prof Judgement December 2014 | Prof Judgement June 2015/August | Prof Judgement December 2015 | Prof Judgement |
| 24.3                         | 24.3                            | 24.3                         | 24.3           |

### **Registered Nurse /Health Care Assistant % split:**

|                            |                        |                       |                        |
|----------------------------|------------------------|-----------------------|------------------------|
| RN/HCA Split December 2014 | RN/HCA Split June 2015 | RN/HCA Split Nov 2015 | RN/HCA Split June 2016 |
| 64/36                      | 66/34                  | 66/34                 | 66/34                  |

### **Registered Nurse to Bed Ratio per shift:**

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

**Workforce Information:**

| Absence rate %<br>(June 2016) | Absence rate %<br>(YTD) | YTD<br>Turnover<br>rate<br>(YTD) | Mandatory<br>Training %<br>(June 2016) | PDRs %<br>(June 2016) |
|-------------------------------|-------------------------|----------------------------------|--|-----------------------|
| 3.82%                         | 4.95%                   | 11.86%                           | 97%                                    | 94%                   |

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. There is 1 member of staff off on long term sick and 2 members of staff on maternity leave.

**Ward Occupancy Rates YTD:**

|                       | % Average Rate |
|-----------------------|----------------|
| <b>Ward Occupancy</b> | 100%           |

**Quality Indicators/ Exceptions (December 2015 – June 2016):**

|                    | Number | Action |
|--------------------|--------|--------|
| Medication Errors: | 0      |        |
| Falls              | 0      |        |
| Pressure ulcers    | 0      |        |
| Complaints         | 0      |        |

**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 utilized 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 Patent Foramen Ovale (PFO) or Atrial septal defect ASD closure are also now being treated on Holly Suite. Cardio version lists, provocation tests and bronchoscopies are now taking place on Holly Suite and all increased complexity of activity is supported within current establishment. This shift in procedures 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. Need to say more about the levels work in here. The work undertaken to review the levels of care in CCU is being progressed and will lead to a further review of nurse staffing in this area.

**Funded establishment and actual staffing**

| FTE Dec 2014 | FTE May 2015 | FTE Nov 2015 | FTE May 2016 | Actual May 2016 |
|--------------|--------------|--------------|--------------|-----------------|
| 42.13        | 47.6         | 47.6         | 47.60        | 44.54           |

**Planned staffing required for each shift for CCU:**

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

**Monthly Staffing Reported to Unify and Trust Board:**

|                   | Dec 2015 | Jan 2016 | Feb 2016 | March 2016 | April 2016 | May 2016 |
|-------------------|----------|----------|----------|------------|------------|----------|
| RN Days(E/L)      | 98.3     | 92.8     | 91.0     | 105.4      | 104.1      | 101.7    |
| RN Nights         | 90.3     | 96.3     | 93.5     | 97.2       | 96.7       | 98.2     |
| HCA/AP Days (E/L) | 52.9     | 130.1    | 97.7     | 86.0       | 117.1      | 92.5     |
| HCA/AP Nights     | 92.6     | 80.6     | 79.3     | 87.1       | 83.3       | 77.4     |

**Comments:**

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

A new role has been developed during this reporting period of a practice educator role, to support develop and educate the staff, this has been funded within existing resources.

**ECS for CCU**

ECS is green an action plan is being devised by CCU.

**Bank and Agency spend including variance against pay budget (January 2016-May 2016):**

|                                |  |
|--------------------------------|--|
| Bank and Agency Total:         | Pay Variance (underspends in brackets) |
| (Bank RN) £42,251              |  |
| (Bank Band 4 and below) £3585  |  |
| (Agency RN) £24,012            | April 2015 to March 2016 – 40,322      |
| (Agency Band 4 and below) £734 | April to May 2016 – (3,883)            |
| Total £70,582                  |  |

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

The unit has been supported by an 8A senior nurse during the ward manager's maternity leave.

**Professional Judgement Tool:**

|                                 |                                    |                            |                            |
|---------------------------------|------------------------------------|----------------------------|----------------------------|
| Prof Judgement<br>December 2014 | Prof Judgement<br>June 2015/August | Prof Judgement<br>Dec 2015 | Prof Judgement<br>May 2016 |
| 46.5                            | 46.5                               | 46.7                       | 46.7                       |

**Registered Nurse /Health Care Assistant % split:**

|                               |                           |                          |                           |
|-------------------------------|---------------------------|--------------------------|---------------------------|
| RN/HCA Split<br>December 2014 | RN/HCA Split<br>June 2015 | RN/HCA Split<br>Nov 2015 | RN/HCA Split<br>June 2016 |
| 88/12                         | 88/12                     | 84/16                    | 88/12                     |

**Registered Nurse to Bed Ratio per shift:**

|       |     |
|-------|-----|
| Early | 1:2 |
| Late  | 1:2 |
| Night | 1:2 |

**Workforce Information:**

|                               |                         |                      |          |                                       |                      |
|-------------------------------|-------------------------|----------------------|----------|---------------------------------------|----------------------|
| Absence rate %<br>(June 2016) | Absence rate %<br>(YTD) | YTD<br>rate<br>(YTD) | Turnover | Mandatory<br>Training %<br>(June2016) | PDRs %<br>(June2015) |
| 2.66%                         | 2.36%                   | 8.67%                |          | 92%                                   | 67%                  |

The ward manager has a plan to complete PDRs by August 2016

**Ward Occupancy Rates YTD:**

|                       |                       |
|-----------------------|-----------------------|
|                       | <b>% Average Rate</b> |
| <b>Ward Occupancy</b> | 83.8%                 |

**Quality Indicators/ Exceptions (December 2015– June 2016):**

|                    | Number | Action   |
|--------------------|--------|--|
| Medication Errors: | 0      |  |
| Falls              | 3      | No harm came to patients. The trend in falls was patients trying to get out of bed not using the nurse call bell. Staff are working to ensure nurse call bells are within reach of patients. |
| Pressure ulcers    | 0      |  |
| Complaints         | 0      |  |

**Friends and Family Test:**

| Number completed Dec 2015 –June 2016 | Average monthly net promoter score |
|--------------------------------------|------------------------------------|
| 9                                    | 100%                               |

**Verbatim comments by patients:**

- Feel like I have been well cared for and given first class treatment everything was well explained and discussed with me
- Excellent care and attention given
- Professionalism, dedication and courtesy
- All staff were brilliant
- First class care always there for you
- The staff have been very helpful and pleasant
- Care I received was brilliant all members of staff were fantastic

**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 2015 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.

A temporary role of a practice educator has been introduced and is currently under review to understand if the role is to continue.

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

The ward manager for CCU has been off on maternity leave and is planned to return in August 2016.

**Cath Lab:**

**Funded establishment and actual staffing** (May 2016 includes all of the Managers previous dates don not include the managers)

| <b>FTE Dec 2014</b> | <b>FTE May 2015</b> | <b>FTE Nov 2015</b> | <b>FTE May 2016</b> | <b>Actual May 2016</b> |
|---------------------|---------------------|---------------------|---------------------|------------------------|
| 19.09               | 23.59               | 25.59               | 25.59               | 19.74                  |

**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 (January 2016- May 2016):**

|                         |  |
|-------------------------|--|
| Bank and Agency Total:  | Pay Variance (underspends in brackets) |
| (Bank RN)               |  |
| (Bank Band 4 and below) | April 2015 to March 2016 – 148,932     |
| (Agency RN) £141,141    | April to May 2016 – 46,189             |
| Total £141,141          |  |

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 the DHOO to implement a training rotational programme which will provide new staff nurses experience working within the Lab.

**Professional Judgement Tool:**

| Prof Judgement December 2014 | Prof Judgement June 2015 | Prof Judgement Nov 2015 | Prof Judgement |
|------------------------------|--------------------------|-------------------------|----------------|
| 23.1                         | 24.01                    | 25.59                   | 28.3           |

**Registered Nurse /Health Care Assistant % split:**

| RN/HCA Split Dec 2014 | RN/HCA Split June 2015 | RN/HCA Split Nov 2015 | RN/HCS Split June 2016 |
|-----------------------|------------------------|-----------------------|------------------------|
| 78/22                 | 79/21                  | 79/21                 | 81/19                  |

**Workforce Information:**

| Absence rate % (June 2016) | Absence rate % (YTD) | YTD Turnover rate (YTD) | Mandatory Training % (June2016) | PDRs % (June2016) |
|----------------------------|----------------------|-------------------------|---------------------------------|-------------------|
| 4.28%                      | 3.89%                | 3.7%                    | 99%                             | 93%               |

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



**Quality Indicators/ Exceptions (Dec 2015 – June 2016):**

|                    | Number | Action |
|--------------------|--------|--------|
| Medication Errors: | 0      |        |
| Falls              | 0      |        |
| Pressure ulcers    | 0      |        |
| Complaints         | 0      |        |

**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.

Professional judgement for this period has increased due to the new roles of the anesthetic practitioners this service was provided by theatres previously.

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. There are 2 RN positions that have been recruited into and hopefully 1 is due to start in September 2016 that leaves 3 more vacancies to recruit into.

# Cath Lab Agency Plan

|   | Q1  |       |      | Q2  |      |      | Q3  |      |      | Q4  |      |      | Total |
|---|---|-------|------|---|------|------|---|------|------|---|------|------|-------|
|   | Apr   | May   | June | July  | Aug  | Sept | Oct   | Nov  | Dec  | Jan   | Feb  | Mar  |       |
| % agency shifts                         | 15%   | 15%   | 15%  | 9%  | 9%   | 9%   | 5%  | 5%   | 5%   | 5%  | 5%   | 5%   |       |
| Monthly cost (£)                        | £36K  | £36K  | £36K | £24K  | £24K | £24K | £12K  | £12K | £12K | £12K  | £11K | £11K |       |
| Agency predicted                        | £108K   |       |      | £72K  |      |      | £36K  |      |      | £34K  |      |      | £250K |
| Agency actual                           | £39.7k  | £31.5 |      |   |      |      |   |      |      |   |      |      |       |
| Bank/ Overtime predicted                |   |       |      |   |      |      |   |      |      |   |      |      |       |
| Bank actual                             |   |       |      |   |      |      |   |      |      |   |      |      |       |
| Sickness predicted                      | 3.5%  |       |      | 3.5%  |      |      | 3.5%  |      |      | 3.5%  |      |      | 3.5%  |
| Sickness actual                         | 3.49%   | 4.28  | 3.89 |   |      |      |   |      |      |   |      |      |       |
| Turnover predicted                      | 5%  |       |      | 5%  |      |      | 5%  |      |      | 5%  |      |      | 5%    |
| Turnover actual                         | 0%  |       |      |   |      |      |   |      |      |   |      |      |       |
|   | Bank & Agency Trajectory Assumptions 2016/17  |       |      |   |      |      |   |      |      |   |      |      |       |
| stand<br>agency<br>outturn for<br>£412K | • weekly bank pay<br>• Monthly advertising campaign<br>• Introduction of rotation between Cath labs, CCU and Birch<br>• Reduce sickness to 4.85%<br>• 2 new starters recruited start date September |       |      | • Reduce sickness to 4.35%<br>• Fill 2 substantive positions      |      |      | • Reduce sickness to 4%<br>• Fill 2 substantive positions         |      |      |   |      |      |       |
|   | Weekly Targets  |       |      |   |      |      |   |      |      |   |      |      |       |
|   | 178 hour weekly total equivalent to 19 shifts per week on average   |       |      | 119 hour weekly total equivalent to 13 shifts per week on average |      |      | 60 hour weekly total equivalent to 6.5 shifts per week on average |      |      | 57 hour weekly total equivalent to 6 shifts per week on average |      |      |       |

