

Appendix 1

Division of Surgery June 2016

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

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

FTE Dec 2014	FTE June 2015	FTE Dec 2015	FTE June 2016	Actual FTE June 2016
38.54	48.7*	48.94	49.51**	41.83

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

**There are currently 7.68 wte vacancies for band 5 staff, of which all had been appointed to. Unfortunately 5 of those candidates have declined posts at the last minute with no reason provided. Continual corporate recruitment is in place with interviews taking place monthly. Two staff are due to start in September and in October. There is a change in establishment due to transferring the Intensive care Assistants from POCCU to the ward and realigning staffing.

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

Day	Early	Late	Night
Mon - Sun	7RN and 3HCA	5RN and 3HCA	4RN, 1 AP 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%.

	Jan 2016	Feb 2016	Mar 2016	April 2016	May 2016	June 2016
RN Days(E/L)	79.3	76.8	91.7	79.8	96	81.2
RN Nights	87.1	85.3	96.8	85.8	96.8	75
HCA/AP Days (E/L)	104.3	150	136.6	133.3	130.1	138.3
HCA / AP Nights	89.3	104.6	93.5	101.1	105.4	135.6

Comments: There are a number of vacancies on this ward and there are 2 posts which are awaiting staff to commence in post. The ward has utilised bank, agency and staff from other areas to ensure that patient care is safe. Assistant practitioners/ surgical care assistants have also been used who are able to manage a team of patients.

**2015/16 Bank and Agency spend including variance against pay budget
(April 2015- March 2016)**

Bank and Agency Total	Pay Variance (underspends in brackets)
Bank RN	58,751
Bank HCA	67,753
Agency RN	114,339
Agency HCA	9,960
Total £250,803	(£214,257)

**1617 Qtr 1 Bank and Agency spend including variance against pay budget
(April 2016 - June 2016)**

Bank and Agency Total	Pay Variance (underspends in brackets)
Bank RN	7,856
Bank HCA	2,760
Agency RN	11,313
Agency HCA	(33)
Total £21,896	(£54,209)

Patient Dependency Tool (AUKUH):

AUKUH WTE December 2014	AUKUH WTE April 2015	AUKUH WTE Nov 2015	AUKUH WTE June 2016
38.3	40.44	41.99	45.89

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

Level	December 2014	April 2015	Nov 2015	June 2016
0	8.3	8.14	10.52	9.47
1a	5.04	8.38	12.11	13.76
1b	4.09	10.14	10.53	13.18
2	0.09	0	0.8	0.75
3	0	0	0	0

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

Professional Judgement Tool:

Prof Judgement December 2014	Prof Judgement June 2015	Prof Judgement Nov 2015	Prof Judgement June 2016
44.4	48.1*	47.9 *	48.6*

*This is for 34 patients

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	65/35	65/35	61/39

Registered Nurse to Bed Ratio per shift:

Early	1:4.8
Late	1:6.8
Night	1:8.5

Workforce Information:

Absence rate % (May 2016)	Absence rate % (YTD)	YTD Turnover rate (Rolling)	Mandatory Training % (May 2016)	PDRs % (June 2016)
7.71%	6.59	13.76	93	86

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	81.5

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

	Number	Action
Medication Errors:	6	TTO not verified by a pharmacist before the patient was sent home; medication out of date (theatre); drug labeling error (theatres); delay in medication being administered; storage error of medication; CD miscalculation. No harm to patients.
Falls	11	All falls have been assessed and no harm noted with the exception of two patients: one patient suffered a cut to cheek and skin tear to elbow; second patient suffered minor abrasion to elbow. Further work is ongoing within the Division to reduce falls.
Pressure ulcers	0	Nil
Complaints	5	Of the complaints, 1 is categorized as 'low', 4 as 'medium' and 1 as 'high risk'. Four complaints are in relation to communication with patients and families; one complaint relates to clinical treatment by medical staff. Two formal meetings were requested and organised to meet with the HON to discuss concerns.

Friends and Family Test:

Number completed Dec 2015 – June 2016	Average monthly net promoter score
378	99.1

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 care was excellent. Specialist nursing care by Mandy and Dot was exceptional and they are all a credit to the LHCH. All the Doctors gave you the confidence the correct medical decisions were being made.
- Generally excellent care, but quite a few concerns that were raised were left unanswered, e.g. Alerted nurses to few issues which were meant to be referred to a doctor, but no doctor ever came.

- I would recommend Cedar Ward to my friends and family, as the staff no matter what their role are kind, polite, caring and nothing is too much trouble for them. The level of care I have received has been amazing.
- Well looked after. Place is clean, staff very good.
- My admission was well planned by the hospital in advance.
- My individual room with en suite etc....was superb, being comfortable, clean, well equipped and offering acceptable levels of privacy for myself/family. I hope this will be the benchmark for the future of NHS hospitals!!!!!! The standard of care from the staff was extremely helpful. If I had a problem pressed my buzzer and got immediate response. I would go as far to say one of the best hospitals I have set foot in... I can't thank the staff enough

Exception Report Summary: There has been considerable recruitment over the last six months for Cedar ward and all vacancies have been appointed to with the exception of one post. Unfortunately some staff to be appointed have declined the offer within days of commencing in post (Trust-wide issue), hence the benefit of recruiting monthly and utilising international recruitment to support this. The AUKUH and Professional judgment tools are consistent with previous years and in line with FTE.

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 / surgical care assistants. There has been an appropriate use of bank and agency staff to support times where occupancy / patient acuity required more staff. 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.

Sickness is raised above the Trust target, however this is being managed closely, with some of this caused by staff leaving the Trust.

The average monthly scores for the ward for FFT is 99.1% from the 378 audits completed highlighting excellent satisfaction by patients which is consistent with previous staffing reports.

The ECS assessment for this ward was reported as green for the second time in March 2016, recognising the excellent standards on the ward. A further assessment will be undertaken in November 2016.

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 Dec 2014	FTE June 2015	FTE Nov 2015	FTE June 2016	Actual FTE June 2016
29.59	33.09*	33.09	33.35**	28.09

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

**There are currently 5.26 wte vacancies for band 5 staff, of which all had been appointed to. Unfortunately 1 of those candidates have declined posts at the last minute with no reason provided. A further new staff member has been appointed. Continual corporate recruitment is in place with interviews taking place monthly. There is a change in establishment due to transferring the Intensive care Assistants from POCCU to the ward and realigning staffing.

Planned staffing required for each shift

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

	Jan 2016	Feb 2016	Mar 2016	April 2016	May 2016	June 2016
RN Days(E/L)	94.1	96.8	88.1	88.1	87.8	85.1
RN Nights	96.8	98.9	87.1	83.3	76.3	72.2
HCA/AP Days (E/L)	121.3	108.3	114.8	129.3	129	110
HCA / AP Nights	130.6	105.2	119.4	135	138.7	138.3

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 some shifts to support patients at risk of falls or confusion.

2015/16 Bank/Agency spend including variance against pay budget (April 2015- March 2016)

Bank and Agency Total	Pay Variance (underspends in brackets)
Bank RN	48,777
Bank HCA	78,003
Agency RN	35,084
Agency HCA	7,812
Total £169,676	£34,225

1617 Qtr 1 Bank and Agency spend including variance against pay budget (April 2016 - June 2016)

Bank and Agency Total	Pay Variance (underspends in brackets)
Bank RN	8,763
Bank HCA	13,085
Agency RN	(29)
Agency HCA	173
Total £21,992	(£18,293)

Patient Dependency Tool (AUKUH):

AUKUH WTE December 2014	AUKUH WTE April 2015	AUKUH WTE Nov 2015	AUKUH WTE June 2016
22.7	25.46	28.0	29.07

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

Level	December 2014	April 2015	Nov 2015	June 2016
0	8.3	13.4	5.714	8.23
1a	5.04	4.83	9.42	10.52
1b	4.09	2.47	12.83	4.61
2	0.09	0	0	0.18
3	0	0	0	0

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

Professional Judgement Tool:

Prof Judgement December 2014	Prof Judgement June 2015	Prof Judgement Nov 2015	Prof Judgement June 2016
33.2	33.4	33.4	33.4

Registered Nurse /Health Care Assistant % split:

RN/HCA Split December 2014	RN/HCA Split June 2015	RCN/HCA Split Nov 2015	RCN/HCA Split June 2016
64/36	63/37	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 % (May 2016)	Absence rate % (YTD)	YTD Turnover rate (Rolling)	Mandatory Training % (May 2016)	PDRs % (June 2016)
7.75%	5.2	6.66	94	72

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	91.9

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

	Number	Action
Medication Errors:	5	1 wrongly prescribed and administered; 2 wrongly prescribed; 2 wrongly administered; Despite these errors, no harm to patient noted.
Falls	19	1 suffered minor abrasion to forearm; 1 minor abrasion above eye; 2 minor cuts to face; no harm to 15 patients. Further work is ongoing within the Division to reduce falls.
Pressure ulcers	1	Grade 2 pressure ulcer on sacrum. Documentation of management of pressure areas not fully completed in addition to non-concordance of patient.
Complaints	2	1 Issue related to checking of medications on discharge which resulted in the patient being unwell and being admitted to another hospital and 1 relating to communication.

Friends and Family Test:

Number completed Dec 2015 – June 2016	Average monthly net promoter score
312	99.14

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 intranet and via this link:

<http://pc10539rbq/homepage.a5w>

- Professional care compassion and friendliness are second to none.
- Staff should return with answers to questions asked, I don't expect them to know everything but when they say I will find out and come back to you they need to come back.
- During my stay on oak ward the visitors room & toilets were a godsend.
- The staff are dedicated hardworking enthusiastic but friendly and approachable they gave me the support I needed.
- The doctors and all staff are so caring and make you feel better. Also being in a room with four others made my stay much better.
- Main reason is the whole place is run with efficiency and a smile nothing too much trouble with the added dose of Liverpool humour. I had a large operation but everyone was there to help me through it.

Exception Report Summary: Bank and agency spend for 15/16 was not within budget however work has been undertaken with the ward manager to utilize staff in a different way, to ensure quality whilst maintaining a balanced budget. From April 2016, the ward has over performed against the budget. The AUKUH was slightly high than previous which reflects the acuity of patients on the ward. This was highlighted at the daily safety huddle and was confirmed by the Head of Nursing. PDRs are lower than anticipated however work is underway as part of the 'PDR phase'.

There have been a high number of falls on Oak ward with 4 patients suffering minor harm. Work is underway Trust-wide to review the bathrooms to improve safety aspects. 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 and so nursing stations have been set up in each bay. The family and friends test highlights excellent results of 99.14% for the last 6 months which supports the findings of the ECS assessment in March 2016 which resulted in a green status. 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 Dec 2014	FTE June 2015	FTE Nov 2015	FTE June 2016	Actual FTE June 2016
34.99	35.24	35.24	35.24	28.47

There are currently 6.77 wte vacancies for band 5 staff, of which all had been appointed to. Unfortunately 1 of those candidates have declined posts at the last minute with no reason provided however an alternative staff member has been appointed.

Planned staffing required for each shift

Day	Early	Late	Night
Mon - Sun	5RN 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%.

	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	June 2016
RN Days(E/L)	91.7	95.4	88.3	87.6	97.3	90.1
RN Nights	95.7	97.7	91.4	97.8	94.6	87.8
HCA/AP Days (E/L)	121.5	112.1	121	122.8	112.4	102.2
HCA / AP Nights	241.9	158.6	219.4	176.7	164.5	176.7

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 nurses being used. This has been monitored closely by the Ward Manager and the Head of Nursing and as a result staffing is in the process of being changed to increase the HCAs from 1 to 2 of a night shift and reducing to 2 HCA on the late shift.

2015/16 Bank and Agency spend including variance against pay budget (April 2015- March 2016)

Bank and Agency Total	Pay Variance (underspends in brackets)
Bank RN	32,890
Bank HCA	65,769
Agency RN	4,042
Agency HCA	8,948
Total £111,649	£32,659

1617 Qtr 1 Bank and Agency spend including variance against pay budget (April 2016 - June 2016)

Bank and Agency Total	Pay Variance (underspends in brackets)
Bank RN	12,201
Bank HCA	11,613
Agency RN	203
Agency HCA	129
Total £24,146	(£18,645)

Patient Dependency Tool (AUKUH):

AUKUH WTE December 2014	AUKUH WTE April 2015	AUKUH WTE Nov 2015	AUKUH WTE June 2016
28	33.9	34.24	31.70

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

Level	December 2014	April 2015	Nov 2015	June 2016
0	8.3	5.57	6.23	7.52
1a	5.04	8.14	8.47	8.27
1b	4.09	13.5	12.93	9.88
2	0.09	0	0.09	0
3	0	0.28	0	0

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

Professional Judgement Tool:

Prof Judgement December 2014	Prof Judgement June 2015	Prof Judgement Nov 2015	Prof Judgement June 2016
33.2	34.7	34.7	35.1

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
64/36	64/36	63/37	62/38

Registered Nurse to Bed Ratio per shift:

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

Workforce Information:

Absence rate % (May 2016)	Absence rate % (YTD)	YTD Turnover rate (Rolling)	Mandatory Training % (May 2016)	PDRs % (May 2016)
5.38	5.85	5.19	100	100

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	91.6

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

	Number	Action
Medication Errors:	4	1 dose omitted; 1 prescribing error; 1 measuring errors of controlled drug medication; 1 medication given to the wrong patient. Apologies made to the patient however no harm was caused as a consequence.
Falls	8	3 patients of the 8 suffered minor harm with bruising. Further work is ongoing within the Division to reduce falls.
Pressure ulcers	0	nil
Complaints	2	One complaint relating to aspects of nursing care. One complaint pertinent to 3 areas in LHCH regarding nursing care and communication

Friends and Family Test:

Number completed Dec 2015 – June 2016	Average monthly net promoter score
242	98.57

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>

- My husband has a stroke after surgery for triple bypass and valve our consultant Mr Field advised to go on elm ward my husband received excellent care from the nurse and HCAs and students also the doctors I cannot tell you how much I appreciate the care.
- Very professional but with a friendly feeling. I am impressed by the way everyone embraces the amazing technology.
- I believe that the high quality of nursing care is as a result of the nurses station being on the ward and constantly staffed. I felt that this made care more efficient and effective and put myself and other patients on the ward at ease.
- Recruit more staff so patient needs and requests can be sorted more quickly, which will enable other undisturbed staff to complete necessary paperwork on time.
- The care and support that I have been given by the team on Elm ward has been exceptional, with many going above and beyond to make sure that not only my needs were met, but the needs of my husband also who was staying in the Robert Owen house and visiting.

Exception Report Summary: Bank and agency spend for 15/16 was not within budget however work has been undertaken with the ward manager to utilize staff in a different way, to ensure quality whilst maintaining a balanced budget. From April 2016, the ward has over performed against the budget. There have been a number of patients who are confused or who have had strokes following surgery who have required enhanced levels of care, particularly overnight. The Head of Nursing has worked with the ward manager to identify the model of care to ensure that there are sufficient staff on each shift.

Excellent rates noted for both mandatory training and PDRs and absence is being managed appropriately with HR support. 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 with a positive average result of 98.57% which supports the ECS assessment results noting a green status.

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 Dec 2014	FTE June 2015	FTE June 2015	FTE June 2016	Actual FTE June 2016
10.55	10.55	10.55	10.65	8.59

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

Planned staffing required for each shift

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

The Head of Nursing is working with the Senior Divisional team to review the options of opening this ward to 24/7.

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%.

	Jan 2016	Feb 2016	March 2016	April 2016	May 2016	June 2016
RN Days(E/L)	100	79.8	75.7	70.8	82.3	90.8
RN Nights	100	72.5	79.4	75	68.8	81.6
HCA/AP Days (E/L)	100	121.4	154.3	141.7	119.4	110.5
HCA / AP Nights	100	122.2	142.9	166.7	100	89.5

Comments: All staffing is reported to be safe based on acuity and occupancy numbers and staffing ratios, despite not always having 2 registered nurses on each shift.

2015/16 Bank and Agency spend including variance against pay budget (April 2015- March 2016)

Bank and Agency Total	Pay Variance (underspends in brackets)
Bank RN	13,264
Bank HCA	1,942
Agency RN	1,873
Agency HCA	(94)
Total £16,985	(£46,083)

1617 Qtr 1 Bank and Agency spend including variance against pay budget (April 2016 - June 2016)

Bank and Agency Total	Pay Variance (underspends in brackets)
Bank RN	3,775
Bank HCA	378
Agency RN	346
Agency HCA	0
Total £4,499	(£23,836)

Patient Dependency Tool (AUKUH):

AUKUH WTE December 2014	AUKUH WTE April 2015	AUKUH WTE Nov 2015	AUKUH WTE June 2016
7.1	10.18	7.71	7.18

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

Level	December 2014	April 2015	Nov 2015	June 2016
0	5.8	8.09	5.66	5.76
1a	0.71	0.19	0.59	0.06
1b	0.14	0	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 December 2014	Prof Judgement June 2015	Prof Judgement Nov 2015	Prof Judgement June 2016
11.8	11.8	12.1	12.1

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
59/41	64/36	64/36	54/46

Registered Nurse to Bed Ratio per shift:

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

Workforce Information:

Absence rate % (May 2016)	Absence rate % (YTD)	YTD Turnover rate (Rolling)	Mandatory Training % (May 2016)	PDRs % (May 2016)
5.79	4.03	18.8	92	100

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	65.6

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

	Number	Action
Medication Errors:	4	3 prescribing error; 1 incorrectly stored medication
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. 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 by the Head of Nursing and Head of Operations in the next few months to confirm the viability of making this ward 24/7 for patients following cardiac surgery.

Workforce KPIs appear deranged due to the small number of staff on the ward however all posts have been appointed to. Mandatory training and PDRs are reported as very good. 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 ECS assessment for this ward is identified as green status
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, cardiac pacemaker implants, endoscopy procedures and recovery of patients. Emergency cardiothoracic procedures are also performed in theatres.

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

FTE June 2015	FTE Nov 2015	FTE June 2016	Actual FTE June 2016
78.2*	78.2	79.75	69.8

*Please note this was following a financial investment by the Executive Board 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)	3 x scrub practitioners (band 5/6)	1 x circulating practitioner

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

2015/16 Bank and Agency spend including variance against pay budget (April 2015- March 2016)

Bank and Agency Total	Pay Variance (underspends in brackets)
Bank RN	1,147
Bank HCA	16,572
Agency RN	432,225
Agency HCA	0
Total £449,944	£200,846

1617 Qtr 1 Bank and Agency spend including variance against pay budget (April 2016 - June 2016)

Bank and Agency Total	Pay Variance (underspends in brackets)
Bank RN	0
Bank HCA	4,048
Agency RN	100,279
Agency HCA	0
Total £104,327	£58,253

Whilst the agency usage is high and not within budget, improvement work is in place with 2-weekly monitoring to increase bank usage (according to need) and decrease agency use. Theatres have seen a significant reduction in agency usage in the last 2 months with an increase in staff signing up to the nurse bank.

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
80/20	80/20	80/20	80/20

Workforce Information:

Absence rate % (May 2016)	Absence rate % (YTD)	YTD Turnover rate (Rolling)	Mandatory Training % (May 2016)	PDRs % (May 2016)
2.22	3.64	13.15	96	78

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

	Number	Action
Medication Errors:	0	Nil
Falls	0	Nil
Pressure ulcers	1	Grade 2 pressure ulcer to back of head caused by patient being in theatre for 12 hours. Education regarding preventative dressings has now been provided.
Complaints	0	Nil

Friends and Family Test is not undertaken in this area however a patient and family questionnaire has recently been implemented to determine feedback.

Exception Report Summary: There are 9.95 wte vacancies within the theatre department. Recruitment has been heavily supported by HR with interviews planned in July for band 7, band 6, band 5 and band 3 posts. It is recognised that there is a national shortage of theatre practitioners (nurses/ ODPs) and therefore the candidates have many options available to them. As a Trust we have been to national and local advertisement and are raising awareness regarding our vacancy factor at job fairs and army recruitment events. International recruitment has been utilised and staff appointed, awaiting start dates. Two staff are currently on secondment to their ODP training however will not qualify until early March 2017. Work is being undertaken to attract staff on the ODP course, to work in LHCH, as part of an open day in the university. This is

also being linked to an open day in LHCH specifically targeting theatre staff.

In order to mitigate risk with this level of vacancies, staff are working extra shifts and a small number of 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 significantly over the last 2 months with continual plans to reduce this further.

The Head of Nursing has reviewed the management hierarchy within the Theatre Department and has re-aligned staffing to support a Theatre Manager and a Matron post. This leadership within the department is key to managing the quality and business aspects of the department more effectively. Initial feedback from the team is very positive which is supporting changes to the culture although further work will be undertaken in the fore-coming months.

Significant work has been undertaken to increase compliance with mandatory training and a plan has been set to ensure that PDR compliance is also achieved. Whilst turnover is 13.15% YTD, one staff member who has already left the trust in the last quarter has already applied back to LHCH. Changes to the theatre department are currently being supported by the Senior Divisional team to ensure that everybody is engaged and benefits to patients and families are maximised. The ECS assessment for this areas was reported as a green status. This area is safe.