

Appendix 1

SACC Staffing December 2014

Cedar Ward: – This is a 34 bedded ward comprising of four bays of 4 beds and 14 individual rooms that are open 24:7 (four of these beds are not commissioned). All single rooms have en-suite facilities and each bay has an assisted bathroom outside. Cedar Ward also has a 4 bedded High Dependency Unit. The information provided is exclusive of the HDU.

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

FTE January 2013	FTE Sept 2013	FTE April 2014	FTE Dec 2014	Actual FTE
40.5	38.59	38.59	38.54 (RN 24.6wte Non-reg 13.9wte)	27.99

Planned staffing required for each shift

Day	Early	Late	Night
Mon - Fri	5RN and 3HCA	5RN and 2HCA	4RN and 2HCA
Sat - Sun	5RN and 3HCA	4RN and 2HCA	4RN and 2HCA

Bank and Agency spend including variance against pay budget (YTD):

Bank and Agency Total:	Pay Year End Variance (underspends in brackets)
(Bank RN) £51,164	
(Bank Band 4 and below) £51,622	
(Agency) £11,569	
Total £114,355	(£24,679)

Patient Dependency Tool (AUKUH):

AUKUH WTE January 2013	AUKUH WTE September 2013	AUKUH WTE April 2014	AUKUH WTE December 2014
49.36*	38.3	38.0	38.3

(*This was completed using a different version of AUKUH)

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

Level	January 2013	September 2013	April 2014	December 2014
0	12	17.2	18.71	6.28
1a	8.75	5.47	6.75	8.14
1b	8.2	3.3	3.62	11.76
2	0.15	0.09	1.69	0
3	0	0	0	0

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

Professional Judgement Tool:

Prof Judgement. Jan 2013	Prof Judgement September 2013	Prof Judgement April 2014	Prof Judgement December 2014
41	39.4	40.3	44.4

Registered Nurse /Health Care Assistant % split:

RN/HCA Split Jan 2013	RN/HCA Split September 2013	RN/HCA Split April 2014	RN/HCA Split December 2014
66/34	64/36	64/36	64/36

Registered Nurse to Bed Ratio per shift:

Early	1:6
Late	1:6
Night	1:7.5

Workforce Information:

Absence rate % (Nov 2014)	Absence rate % (YTD)	YTD Turnover rate (YTD)	Mandatory Training % (Nov 2014)	PDRs % (Nov 2014)
3.73	4.38	26.1	90	76

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	78.4

Quality Indicators/ Exceptions (April – November):

	Number	Action
Medication Errors:	27	19 of these errors are due to discrepancies in measuring controlled drug liquids; 2 are incorrect prescribing; 1 is incorrect pharmacy dispensing; 1 is due to a lack of a drug; 1 is late prescribing of a TTO; 2 are administration errors. No harm to patients.
Falls	19	Of these, 8 were avoidable. "Call don't fall" initiative has been implemented by the SACC ward managers. No harm / minor harm has occurred to the patients.
Pressure ulcers	7	2 grade 2 heel ulcers in Q1; 1 sacral ulcer in Q2; 2 heel ulcers and 2 sacral ulcers in Q3. These resulted in minor harm.
Complaints	5	No themes were noted. 2 categorised as low grade complaints (Family

		<p>complained patient was transferred to LHCH at 03.30 and didn't have a bronchoscopy until 17.30. Second complaint relates to patient being upset Consultant would not request an MRI scan and stated consultant shouted, which was not the case. Neither of these were upheld.)</p> <p>3 complaints categorised as medium. (One complaint relates to poor pain control post operatively, which we have partly upheld. Second complaint relates to a patient bringing in tablets in a dosset box from home and not being administered them by the nurses plus concerns regarding shaving preoperatively which was not upheld. The third complaint of this grade related to the patient's daughter not being happy with the explanations regarding cancer diagnosis which was not upheld.)</p>
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Friends and Family Test:

Number completed April – November 2014	Average monthly net promoter score
230	92.87

Verbatim Comments Made by Patients

"Lovely staff nothing too much trouble."

"All of the staff here have been extremely helpful and caring. It was daunting at first to be admitted but whilst here everyone has helped make my stay as comfortable as I could expect. I really thank them for that."

"I have been given good treatment and care by all staff who have also made me welcome."

"Nurses fine but were a bit slow on medication round sometimes had to, wait a while for, tablets when in pain I know nurse busy but important for me to, get tablets on time as anxious."

Exception Report Summary: There has been a significant turnover which, when asked, the staff attribute to the intense workload and acuity of the patients in the area. There are currently a number of vacancies which will be filled by 6 staff in January and achieve the establishment by March 2015. A report was presented to the executive team and Operational Board in November 2014 identifying the need for increased staffing in this ward. The Operational Board requested that any uplift in staffing be discussed further within the Directorate, specifically in line with activity plans and developmental plans for 2015/16.

Funded establishment alters slightly each time due to skill-mix review. December AUKUH data highlights the increase in complex patients in the ward at this time which further supports the need for staffing establishments to be reviewed. PDR and mandatory training data requires some action and the Ward Manager has this in hand and a plan in place to achieve a green status.

HDU: – This is a 4 bedded High Dependency Unit based on Cedar Ward, managed by Cedar Ward Manager.

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

FTE January 2013	FTE Sept 2013	FTE April 2014	FTE Dec 2014	Actual FTE
11.4	11.4	11.4	11.4	9.4

Planned staffing required for each shift

Day	Early	Late	Night
Mon - Fri	2RN	2RN	2RN
Sat - Sun	2RN	2RN	2RN

Bank and Agency spend including variance against pay budget: This is incorporated into Cedar wards figures.

The AUKUH is not utilised in this area. The patients are nursed according to Critical Care Network staffing guidelines.

Registered Nurse to Bed Ratio per shift:

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

Workforce information is combined with Cedar ward.

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	71.6

Quality Indicators/ Exceptions (April – November): These are merged with results from Cedar ward.

Friends and Family Test: Results are merged with those from Cedar ward.

Exception Report Summary:

The ward is expected to be at full 'funded' establishment by February 2015.

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 January 2013	FTE Sept 2013	FTE April 2014	FTE Dec 2014	Actual FTE
37.09	35.89	34.99	34.99 (RN 22.73wte & non-reg12.26wte)	30.87

Planned staffing required for each shift

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

Bank and Agency spend including variance against pay budget (YTD):

Bank and Agency Total:	Pay Year End Variance (underspends in brackets)
(Bank RN) £39,242	
(Bank Band 4 and below) £40,813	
(Agency) £2,478	
Total £82,533	£25,714

Patient Dependency Tool (AUKUH):

AUKUH WTE January 2013	AUKUH WTE September 2013	AUKUH WTE April 2014	AUKUH WTE December 2014
32.35*	30.3	40.2	26.7

(*This was completed using a different version of AUKUH)

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

Level	January 2013	September 2013	April 2014	December 2014
0	9.15	5.6	5.85	8.8
1a	3	7.33	11.5	6.3
1b	7.2	6.76	10.21	5.09
2	0.2	0.09	0.18	0.04
3	0	0	0	0

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

Professional

Judgement

Tool:

Prof Judgement. Jan 2013	Prof Judgement September 2013	Prof Judgement April 2014	Prof Judgement December 2014
38.7	35.9	34.7	40.4

Registered Nurse /Health Care Assistant % split:

RN/HCA Split Jan 2013	RN/HCA Split September 2013	RN/HCA Split April 2014	RN/HCA Split December 2014
62/38	62/38	65/35	65/35

Registered Nurse to Bed Ratio per shift:

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

Workforce Information:

Absence rate % (Nov 2014)	Absence rate % (YTD)	YTD rate (YTD)	Turnover	Mandatory Training % (Nov 2014)	PDRs % (Nov 2014)
0.42	0.85	15.8		100	100

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	93.15

Quality Indicators/ Exceptions (April – November):

	Number	Action
Medication Errors:	6	2 of these errors were due to dispensing issues. 1 error was transferring a controlled drug in error from Elm to POCCU. 3 errors were caused as a result of administration errors, giving the wrong medication or dose. No harm occurred to patients.
Falls	10	Of the 10 falls only 1 was identified as being avoidable. "Call don't fall" initiative has been implemented by the SACC ward managers. No harm / minor harm has occurred to patients.
Pressure ulcers	2	1 grade 2 sacral ulcer in both Q2 and Q3. These resulted in minor harm.
Complaints	2	No themes were noted. Both low grade complaints. One was related to the dressing applied to a wound before discharge home and concerns relating to the district nurse. The second complaint was regarding a lack of information being sent to another Trust when the patient was transferred. Neither complaint was upheld.

Friends and Family Test:

Number completed April – November 2014	Average monthly net promoter score
189	91.6

Verbatim Comments: “All the ward staff have made my stay very comfortable. They were not just concerned about my medical condition but my personal well-being. I cannot say how much this was a comfort for me and my family through what was a painful time. Elm ward was a wonderful place to be looked after.”

“I have received care that I honestly consider exemplary, both medically and personally, everyone has been unbelievably helpful, efficient, understanding and friendly.”

“Superb staff in every way but especially in professionalism and their relationship skills.”

Exception Report Summary

The funded establishment has altered over time to allow a greater number of band 6 staff to support junior nurses in a busy environment, caring for complex patients. The AUKUH data on this occasion was lower than usual due to the reduced activity on the ward at the time however the average occupancy remains high at 93.5%. The Ward Manager feels that the acuity of the patients is higher than the week in which this data was recorded and further AUKUH data will be recorded in January to understand this concern and report to Operational Board any risk identified.

There is an overspend in the pay budget which is related to the specialising of patients who are confused and require enhanced care delivery, e.g. hourly suctioning / tracheostomy management. This is something that is being monitored closely by the Ward Manager, ADNS and the General Manager via monthly meetings and daily discussions at the bed meeting. Monthly data is also shared with the executive team.

Oak Ward : – This is a 20-bedded ward, (previously 21-bedded) comprising of 2 bays of 4 beds and 12 individual rooms with en-suite facilities, specialising in cardiac and aortic surgery. This ward is where the Model of Care work was launched, following its opening on 14th February 2013.

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

FTE January 2013	FTE Sept 2013	FTE April 2014	FTE Dec 2014	Actual FTE
32.16	30.69	29.59	29.59	28.09

Planned staffing required for each shift

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

Bank and Agency spend including variance against pay budget (YTD):

Bank and Agency Total:	Pay Year End Variance (underspends in brackets)
(Bank RN) £32,565	
(Bank Band 4 and below) £55,949	
(Agency) £11,657	
Total £100,171	(£6,088)

Patient Dependency Tool (AUKUH):

AUKUH WTE January 2013	AUKUH WTE September 2013	AUKUH WTE April 2014	AUKUH WTE Sept 2014	AUKUH WTE December 2014
29.47*	30.3	28.7	29.0	22.7

(*This was completed using a different version of AUKUH)

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

Level	January 2013	September 2013	April 2014	December 2014
0	13.25	11.8	13.42	8.3
1a	2.8	2.8	5.22	5.04
1b	4.65	5.2	4.53	4.09
2	0	0	0	0.09
3	0	0	0	0

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

Professional Judgement Tool:

Prof Judgement. Jan 2013	Prof Judgement September 2013	Prof Judgement April 2014	Prof Judgement December 2014
32.4	31.9	29.5	33.2

Registered Nurse /Health Care Assistant % split:

RN/HCA Split Jan 2013	RN/HCA Split September 2013	RN/HCA Split April 2014	RN/HCA Split December 2014
65/35	63/37	64/36	64/36

Registered Nurse to Bed Ratio per shift:

Early	1:5
Late	1:5
Night	1:10

Workforce Information

Absence rate % (Nov 2014)	Absence rate % (YTD)	YTD Turnover rate (YTD)	Mandatory Training % (Nov 2014)	PDRs % (Nov 2014)
1.0	3.32	9.1	90	85

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	93.1

Quality Indicators/ Exceptions (April – November):

	Number	Action
Medication Errors	9	3 were due to wrong medication being administered; 1 was related to a missed dose; 1 was regarding the communication to family members regarding TTOs; 1 was a prescribing error; 1 was related to documentation of controlled drugs and another one was a smashed ampoule.
Falls	22	8 of these falls were avoidable when they were reviewed. No harm / minimal harm occurred to patients. "Call don't fall" initiative has been implemented by the SACC ward managers. No falls have been as a result of poor staffing levels.
Pressure ulcers	1	1 grade 2 heel pressure ulcer resulting in minor harm.
Complaints	1	Patient fell and stated that staff were delayed in answering the buzzer. This is currently under investigation.

Friends and Family Test:

Number completed April – November 2014	Average monthly net promoter score
162	98

Verbatim Comments Made by patients:

"Excellent care all staff from consultants to cleaners have been kind and positive. The ward is modern clean and the family friendly visiting is a fantastic idea."

"Nothing but the best of everything from start to finish thank you."

"Friendly caring staff happy to help in any way even if it's only with a smile."

No negative comments were noted.

Exception Report Summary:

The AUKUH data on this occasion was lower than usual due to the reduced activity on the ward at the time however the average occupancy remains high at 93.1%. A report was undertaken into the staffing establishments in September 2014 and this data is also provided within this report.

A report was presented to the executive team and Operational Board in November 2014 identifying the need for increased staffing in this ward. It was suggested that the uplift in staffing be discussed further within the Directorate, specifically in line with activity plans and developmental plans for 2015/16. There is still some work to do to achieve a green status for mandatory training and PDRs and the Ward Manager has an action plan to achieve full compliance.

Surgical Admissions Unit : – This unit has 10 beds however can flex to 14 beds and is open Sunday 1pm to Friday 3pm. It comprises of one six-bedded bay and four single rooms with their own en- suite bathrooms. The ward provides care for both male and female patients.

Funded establishment and actual staffing (This includes the Ward Manager)

FTE January 2013	FTE Sept 2013	FTE April 2014	FTE Dec 2014	Actual FTE
11.55	11.55	11.55	11.55	11.99

Planned staffing required for each shift

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

Bank and Agency spend including variance against pay budget (YTD):

Bank and Agency Total:	Pay Year End Variance (underspends in brackets)
(Bank RN) £8,935	
(Bank Band 4 and below) £4,169	
(Agency) £210	
Total £13,314	(£3,672)

Patient Dependency Tool (AUKUH):

AUKUH January 2013	WTE	AUKUH September 2013	WTE	AUKUH WTE April 2014	AUKUH WTE December 2014
11.65*		9.7		9.3	7.1

(*This was completed using a different version of AUKUH)

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

Level	January 2013	September 2013	April 2014	December 2014
0	9.95	7.4	8.2	5.8
1a	0.05	0.76	0.49	0.71
1b	0.3	0.23	0.2	0.14
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. Jan 2013	Prof Judgement September 2013	Prof Judgement April 2014	Prof Judgement December 2014
11.6	12.1	11.8	11.8

Registered Nurse /Health Care Assistant % split:

RN/HCA Split Jan 2013	RN/HCA Split September 2013	RN/HCA Split April 2014	RN/HCA Split December 2014
58/42	54/46	58/42	59/41

Registered Nurse to Bed Ratio per shift:

Early	1:10
Late	1:5
Night	1:5

Workforce Information:

Absence rate % (Nov 2014)	Absence rate % (YTD)	YTD rate (YTD)	Turnover	Mandatory Training % (Nov 2014)	PDRs % (Nov 2014)
5.21	3.33	0		98	100

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	60.6

Quality Indicators/ Exceptions (April – November):

	Number	Action
Medication Errors:	2	1 error relating to controlled drug documentation; 1 error as a result of a missed dose. No harm to patients.
Falls	1	No harm to patient. Falls work in progress by Ward Managers
Pressure Ulcers	0	
Complaints	1	This relates to extended time in theatre, lack of communication to the family which has not been upheld

Friends and Family Test:

Number completed April – November 2014	Average monthly net promoter score
4	100

Exception Report Summary: FFT results from SAU are minimal as most patients complete their FFT prior to leaving their previous ward. Only a small number of patients will enter this area prior to discharge to support patient flow.

Critical Care Unit: The Critical Care Unit is a state of the art unit that is split into 2 areas, a 19 bedded Post-Operative Critical Care Unit (POCCU) and an Intensive Care Unit (ICU) with 12 individual rooms (1 side room has not been commissioned), six of which include isolation capacity, making this the largest facility of its kind in the region.

Funded establishment and actual staffing (This does not include Unit Manager and Deputy Manager, Outreach Team, Admin/audit team, Technicians, Education Team and ANPs)

FTE January 2013	FTE Sept 2013	FTE April 2014	FTE Dec 2014	Actual FTE
177.47	177.95	177.95	177.48	169.7

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

Bank and Agency spend including variance against pay budget:

Bank and Agency Total:	Pay Year End Variance (underspends in brackets)
(Bank RN) £261,841	
(Bank Band 4 and below) £41,389	
(Agency) £168,545	
Total £471,775	£21,646

Registered Nurse /Health Care Assistant % split:

RN/HCA Split Jan 2013	RN/HCA Split September 2013	RN/HCA Split April 2014	RN/HCA Split December 2014
84/16	84/16	84/16	84/16

Registered Nurse to Bed Ratio per shift:

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

Workforce Information:

Absence rate % (Nov 2014)	Absence rate % (YTD)	YTD rate (YTD)	Turnover	Mandatory Training % (Nov 2014)	PDRs % (Nov 2014)
5.16	7.22	10.8		91	81

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	81.95

Quality Indicators/ Exceptions (April – November):

	Number	Action
Medication Errors:	6	2 were errors with controlled drug documentation; 1 was an administration error of a drug; 2 were prescribing errors. No harm was caused to patients.
Falls	1	No harm to patient.
Pressure ulcers	10	2 grade 2 sacral ulcers and 1 unavoidable sacral ulcer in Q1; 2 unavoidable sacral pressure ulcers in Q2 and 1 ear and 1 nasal ulcer. In Q3, 1 sacral ulcer and 2 heel ulcers. The staff are working hard to eradicate these and were recognised for the reduction achieved.
Complaints	0	

Friends and Family Test:

Number completed April – November 2014	Average monthly net promoter score
2	0

Exception Report Summary:

Following an unannounced CQC visit in January 2014, the Executives agreed that a large investment would be made into SICU, resulting in 15.73FTE being added to the establishment. A high percentage of posts have been filled with other staff leaving in the interim. The team are working hard to recruit staff and retain them. Staff leaving the department have spoken to the Matron and highlighted their rationale for leaving, none of which cite negative reasons.

There is a pay overspend of £21,646 however all new nurses to the area are required to undertake a 10 week supernumerary period reduced from 12 weeks and comparable with neighbouring Trusts who manage 6 weeks of training to enable them to achieve the essential competencies required to safely care for level 2 and level 3 patients. This means that although SICU has staff in post they are not counted/included in the numbers i.e. they do not deliver direct unsupervised patient care for a period of up to 10 weeks. The cost of this is significant as there is a clinical need to maintain care delivery and ensuring patient safety i.e. Paying substantive staff new in post, bank is utilised to backfill.

Critical Care has experienced a higher sickness percentage than the rest of the Trust. A project (SICU Project) was initiated to reduce sickness /absence considerably and to understand the causes of this sickness, whether any themes were present. In recent years there has been a significant downward trend with this. The sickness rate is currently at 10.8% and this fluctuates each month. The current sickness rate is due to long term

sickness and is being appropriately managed by the senior SACC team with HR support. The sickness rate combined with the recruitment delays amounts to a significant absence of staff each month thereby impacting on extra funding for bank and agency staff.

A Nursing Workload Dependency tool was devised and validated by Cheshire and Mersey Critical Care Network (CMCCN) for use within Critical Care areas. Current audit shows that scoring patients by the nursing dependency workload tool opposed to CCMDs increases the staffing requirement by a 2.3 WTE nurses. (46 shifts extra per month) which equates to *£10,522.5 *Based on a 7.5 Hour Shift, paid at Bank rate £30.50 (Including on-costs). A paper was presented at the Business meeting in relation to the extra staffing and financial impact and this is available if required. A full review of the nursing and unqualified staff following the recent investment will be undertaken in April 2015.

Theatres

Theatres are required to ensure that staffing levels are adequate to meet the demand of the service and to ensure the delivery of safe, compassionate and efficient patient care. A theatre staffing review was undertaken in September 2014 following the request for an External Assurance Visit, undertaken by the Association for Perioperative Practice (AfPP). The theatre review was undertaken using the national recommendations: Staffing for Patients in the Perioperative Setting (AfPP 2014).

The establishment review identified that current funded establishment is 79.61 WTE, required funded establishment is 81.2 WTE, based on AfPP requirements which is what the CQC refer to. This constitutes a gap of 1.59 band 5 practitioners within the budget. The team however are covering this gap with overtime and agency staff. The use of agency and the associated expenditure is reviewed on a weekly basis by the General Manager SACC, Directorate Accountant, ADNS and Theatre Manager. The Directorate have been asked by the operations board to consider any uplift in staffing within their activity planning for 2015/16. Patients are safe within this area.