

Appendix 2

Cardiology and Chest Medicine Staffing December 2014

Amanda Unit: – A 12 single bedded unit, 5 rooms have en suite facilities. Originally built to accommodate patients who have Cystic Fibrosis (CF), however due to a change in demand for this patient group the unit now accommodates Cardiology patients. Nurse Specialist and Advanced Nurse Practitioner support is utilised to support Cardiology patients, their families and staff.

This ward is now utilised as the cohort ward for children admitted to the Trust.

Funded Establishment and Actual Establishment:

FTE January 2013	FTE Sept 2013	FTE April 2014	FTE December 2014	Actual FTE December 2014
19.5	19.44	19.2	18.6	18.3

Planned Staffing required for each shift:

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

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

Bank and Agency Total:	Pay Year End Variance (underspends in brackets)
£16,352 (Bank RN)	
£15,060 (Bank Band 4 and below)	
£466 (Agency)	
Total £31,878	£7,015

Patient Dependency Tool:

AUKUH WTE January 2013	AUKUH WTE September 2013	AUKUH WTE April 2014	AUKUH WTE October 2014
14.44*	12.9	13.4	14.6

(*This was completed using a previous version of AUKUH.)

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

Level	January 2013	September 2013	April 2014	October 2014
0	9.75	6.33	10.14	9
1a	0.15	4.1	0	0
1b	2.05	0.52	3.13	3.14
2	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
19.5	19.5	19.5	19.4

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
59/41	63/37	64/36	63/37

Registered Nurse to Bed Ratio per shift:

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

Workforce Information:

Absence rate% (Nov 2014)	Absence rate % (YTD)	Turnover (YTD)	Mandatory Training % (Nov 2014)	PDRs % (Nov 2014)
13.82	9.91	4.4	89	90

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	69.2

Quality Indicators/ Exceptions (April – November):

	Number	Action
Medication Errors:	2	No theme.
Falls	4	Individualised care planning with patients who have CF. Call don't fall programme commenced.
Pressure Ulcers	0	
Complaints	0	

Friends and Family:

Number completed April – November 2014	Average monthly net promoter score
231	92

Verbatim Comments made by Patients:

"The level of care is outstanding, even towards my wife! Everything is explained clearly and the checks carried out to eliminate mistakes are first class!"

"The level of care I am receiving is very high. Staff are everything I'd hope for in a hospital. Vigilant, attentive and caring."

"The care has been very good from the moment we arrived and everybody has been friendly and professional."

"Efficient and professional care with 24 hour support. All rooms and washrooms clean and comfortable. Nursing staff willing to help in any way to alleviate problems or stress."

Exception Report Summary:

The Amanda Unit has a new Ward Manager who commenced post in October 2014. The manager has utilised initiatives to encourage team work which will have significant impact on sickness levels and morale.

There are currently two members of staff on long term sick and the percentage value is high due to a small number of staff on the ward. Sickness is being managed in line with the hospital policy. The ward occupancy may not reflect actual activity as the Amanda Unit also cater for patients who are having day case procedures.

There is an increase in acuity of patients and this is in response to an increase in cardiology patients being admitted to the ward. Nurse Specialists have supported and provided education to ward staff which has ensured quality and safe care being delivered to patients and families.

Birch Ward A 40 bedded Cardiology and chest medicine ward providing care for male and female patients. There are 8 single rooms to accommodate patients within the ward and four bays accommodating 6 patients, and 2 bays with 4 beds. Birch ward has 8 Telemetry slots and patients are monitored remotely by CCU. Birch ward is the primary step down for patients transferred from CCU.

Funded Establishment and Actual Establishment:

FTE January 2013	FTE Sept 2013	FTE April 2014	FTE December 2014	Actual FTE December 2014
49.5	48.6	48.7	48.78	49.76 (extra staff recruited to cover maternity leave)

Planned staffing required for each shift:

Day	Early	Late	Night
Mon - Fri	8RN+1AP+4HCA	7RN+1AP+3HCA	4RN+2HCA
Sat - Sun	7RN +3HCA	7RN+3HCA	4RN+2HCA

Bank and Agency spend including variance against pay budget:

Bank and Agency Total:	Pay Year End Variance (underspends in brackets)
£20,670 (Bank RN)	
£10,852 (Bank Band 4 and below)	
£6,586 (Agency)	
Total £38,108	(£13,748)

Patient Dependency Tool (AUKUH):

AUKUH WTE January 2013	AUKUH WTE September 2013	AUKUH WTE April 2014	AUKUH WTE October 2014
54.7	47.1	45.7	52.7

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

Level	January 2013	September 2013	April 2014	October 2014
0	26.85	20.38	23.67	21.38
1a	7.25	7.05	12.97	9.26
1b	5.9	9.81	8.9	10.05
2	0	0	0	0

Professional Judgement Tool:

Prof Judgement. Jan 2013	Prof Judgement September 2013	Prof Judgement April 2014	Prof Judgement December 2014
52.52	48.9	50.1	51.7

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
64/36	66/34	66/34	66/34

Registered Nurse to Bed Ratio per shift:

Early	1:5
Late	1:6
Night	1:10

Workforce Information:

Absence rate % (Nov 2014)	Absence rate % (YTD)	YTD Turnover rate	Mandatory Training % (Nov 2014)	PDRs % (Nov 2014)
3.49	3.79	5.6	90	93

Ward Occupancy Rates:

	% Average Rate
Ward Occupancy	80.2

Quality Indicators/ Exceptions (April-November):

	Number	Action
Medication Errors:	2	No theme.
Falls	9	Call don't fall campaign commenced. No themes.
Pressure Ulcers	1	Diabetes education being delivered for staff regarding diabetic neuropathy.
Complaints	3	No themes. One complaint regarding wound however the patient reported being happy with care on the ward. One complaint being investigated re care following sudden death. One patient unhappy with not being able to come and go on the ward after procedure. All complaints investigated by Ward

		Manager/ADNS and actions taken.
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Friends and Family:

Number completed April – November 2014	Average monthly net promoter score
660	94

Verbatim Comments made by Patients:

“The speed of treatment was great, best care ever, I was so nervous coming here but staff instantly made me feel welcome.”

“Staff were excellent at their work, very attentive and helpful and made me feel very comfortable”

“I have had care, concern, compassion and love from everyone throughout my time here. In times of fear I have had support from everyone. Everyone in this ward gives unstintingly to the patients in their care. It is hard to find enough words to praise and thank them.”

“Can't fault the care. Would highly recommend the trust because of all the fantastic staff and great treatment from start to finish.”

Exception Report Summary:

Within the ward there have been six staff that have been on maternity leave which has been covered using bank staff and two staff on fixed term contracts.

The ward manager is taking on a secondment from January 2015 and the Charge Nurse is taking up the role for a three month period. The ADNS will be working closely with the Charge Nurse to ensure that the high standards of care are maintained.

Maple Suite: Maple Suite comprises of 13 single rooms. The ward has 6 designated private patient beds and 6 designated beds for patients with Cystic Fibrosis and one room which is utilised to adapt and flex to the Trust requirements.

Funded Establishment and Actual Establishment:

FTE January 2013	FTE Sept 2013	FTE April 2014	FTE December 2014	Actual FTE December 2014
24.93	20.10	20.10	20.5	20.35

Planned staffing required for each shift:

Day	Early	Late	Night
Mon -Sun	2/3RN+0/1AP+1HCA	2/3RN+0/1AP+1HCA	2RN+1HCA

Bank and Agency spend including variance against pay budget:

Bank and Agency Total:	Pay Year End Variance (underspends in brackets)
(Bank RN) £11,517	
(Bank Band 4 and below) £5,997	
(Agency) 0	
Total £17,514	(£6,075)

Patient Dependency Tool (AUKUH):

AUKUH WTE January 2013	AUKUH WTE September 2013	AUKUH WTE April 2014	AUKUH WTE October 2014
15.56	15.2	13.6	18.7

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

Level	January 2013	September 2013	April 2014	October 2014
0	10.65	6.86	10.50	6.28
1a	0.8	1.57	0.56	0.4
1b	1.35	3.57	1.3	6.75
2	0	0	0	0

Professional Judgement Tool:

Prof Judgement. Jan 2013	Prof Judgement September 2013	Prof Judgement April 2014	Prof Judgement December 2014
19.5	20.8	20.6	20.4

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
58/42	62/38	60/40	58/42

Registered Nurse to Bed Ratio per shift:

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

Workforce Information:

Absence rate % (Nov 2014)	Absence rate % YTD	Turnover rate % (YTD)	Mandatory Training % (Nov 2014)	PDRs % (Nov 2014)
0.39	1.62	12	95	78

Ward Occupancy Rates YTD:

	%Average Rate
Ward Occupancy	73.1

Quality Indicators/ Exceptions (April- November 2014):

Indicator	Number	Action
Medication Errors:	1	No patient harm
Falls:	2	No themes
Pressure Ulcers:	0	
Complaints:	1	Confidence of nurse carrying out procedure

Friends and Family:

Number completed April- November 2014	Average monthly net promoter score
214	89

Verbatim Comments made by Patients:

"I would like to bring to your attention that the medical staff and nurses have been wonderful and the care and sympathy and attention to detail was way above the standards that any of us should expect. There were some fundamental issues that should be addressed. Firstly the water in the ward although plentiful and regularly changed was always tepid. Ice water should always be available if possible especially for patients who have had surgery and therefore sore post-operative throats. The shower room flooded every time they were used which should not put the added pressure on the patient at a time when stress levels were high. As a private patient and having been a patient at other hospitals it is not a complaint but certain key issues were apparent including the food being adequate only and certainly not of the standard of other private hospitals. The nursing staff and doctor/surgeon care was exemplary however the room and food side of the equation were lacking. This I am sure had nothing to do with the cleaning or catering staff as they were friendly helpful and I am sure willing to provide the very best that was available to them As a fee paying patient I believe more has to be done on the non-medical side of the equation."

"The nursing staff were so friendly and helpful made me feel at ease and comfortable at a time I was in pain. Staff went out of their way to ensure my needs were met. I have stayed on quite a lot of wards not just in this hospital over past two years and have to say maple ward comes top."

"The care and attention given on a 1-2-1 basis is second to none nothing is too much trouble and anything requested is delivered in a timely manner by all members of staff from the cleaners to the senior nursing staff."

"I think that the Maple Suite provides superb facilities to carry out patient care and treatment in private and comfort. All the staff are spot on and give you all the care and attention you need whilst allowing you to recoup and relax in peace."

Exception Report Summary:

The ward has a new manager and ward sister in post this year. This new leadership has assisted the team to work well to maintain a very high standard of care for patients and families. The ward staff are multiskilled and this has continued to benefit surgical and medical activity.

The reporting of the registered nurse to non-registered nurse ratio is skewed slightly by the fact that the Assistant Practitioners are reported as non-registered members of staff although they provide care to patients, similar to the registered nurse.

The PDR KPI has improved since this report and is currently at 100%.

Friends and family test results have been responded to with an upgrade of the shower facilities and a review of the private patient offer regarding the presentation of food.

CCU: The Coronary Care Unit (CCU) comprises of 10 single rooms for patients suffering a variety of cardiac complaints requiring cardiac/haemodynamic monitoring who are assessed as requiring Level 2 care.

This can include;

- Primary Percutaneous Coronary Intervention (PPCI) patients
- High risk Acute Coronary Syndrome patients needing coronary intervention
- High risk patients with arrhythmias needing cardiac monitoring, intravenous drugs and or/devices
- Unstable heart failure patients requiring invasive monitoring or intravenous medications
- Post cardiac arrest patients
- High risk patients awaiting cardiac surgery

The AUKUH is not developed for High Dependency areas and staffing is based on a 1:2 bedded ratio as set by the ICS and Critical Care Network guidance.

Funded Establishment and Actual Establishment:

FTE January 2013	FTE Sept 2013	FTE April 2014	FTE December 2014	Actual FTE December 2014
44.15	43.75	43.75	42.13	41.13

Planned staffing required for each shift:

Day	Early	Late	Night
Mon -Fri	6RN+1AP+1HCA	7RN+1HCA	7RN+1HCA

Sat-Sun	7RN +1HCA	7RN+1HCA	7RN+1HCA
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Bank and Agency spend including variance against pay budget:

Bank and Agency Total:	Pay Year End Variance (underspends in brackets)
(Bank RN) £29,286	
(Bank Band 4 and below) £9,523	
Agency £0	
Total £38,809	£3,497

Professional Judgement Tool:

Prof Judgement September 2013	Prof Judgement April 2014	Prof Judgement December 2014
47.7	47.4	46.5

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
88/12	88/12	88/12	88/12

Registered Nurse to Bed Ratio per shift:

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

Workforce Information:

Absence rate % (YTD)	Absence Rate % (YTD)	Turnover rate YTD	Mandatory Training	PDRs % (Nov 2014)
7.94	3.21	12.5	94	87

Ward Occupancy Rates:

	% Average Rate
Ward occupancy	80

Quality Indicators/ Exceptions (April-November 2014):

Indicators	Number	Action
Medication Errors	4	No themes.

Falls	2	No themes.
Pressure Ulcers	0	
Complaints	0	

Friends and Family:

Number completed April- November 2014	Average monthly net promoter score
13	100

Verbatim Comments made by Patients:

"I have received excellent care and the staff were also very helpful answering any questions I had and also listened to me and helped me to understand what had happened to me."

"The finest team, fully co-ordinated and caring in all circumstances of the stay. Kept me fully aware of progress and were courteous at all times. There are no words that can describe the value of the process continuity that exists from a patient's perspective."

"The care I received on the ward was second to none. The staff were helpful and very understanding and were cheerful no matter what task was asked of them. I am sure the care I received helped with my speedy recovery."

"The care I was given in this hospital was first class; all staff are very friendly and so helpful."

Exception Report Summary:

There has been an increase in out of hour's activity which has increased the need to have 7 registered nurses and 1 Health care assistant on each shift. For this level of staffing to occur the funded establishment needs to increase in line with professional judgement. A business case has been presented to Operational Board and the directorate have been asked to review this in line with activity planning for 2015/16.

Holly Suite:

Holly Suite is a facility that admits patients for elective procedures and also patients transferred from other hospitals including patients who have Acute Coronary Syndrome (ACS). Holly Suite provides care for patients who are undergoing elective and non-elective day case procedures.

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 are required to be out of their own clothing (the Atrium). All clinical work takes place in one of the six adjacent consultation rooms where patients' privacy can be maintained. There is a step down recovery area consisting of six trolleys. Holly Suite also has an endoscopy suite and a treatment room for clinical procedures e.g. provocation tests.

Funded Establishment and Actual Establishment:

FTE January 2013	FTE Sept 2013	FTE April 2014	FTE December 2014	Actual FTE December 2014
20.52	23.8	23.8	23.6	23.49

Planned staffing required for each shift:

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

Currently Monday, Wednesday and Thursday two registered nurses, an AP and an HCA work in the scope room due to training. There is a coordinator for the am and pm shift and these are included in the figures. The step down recovery area has 2 registered nurses on both shifts (also included in the numbers). Within the main body of the ward there are three trained staff, 2 APs and 3 HCAs.

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

Bank and Agency Total:	Pay Year End Variance (underspends in brackets)
(Bank RN) £ 3,779	
(Bank Band 4 and below) £3,709	
Agency £0	
Total £7,488	(£28,775)

Patient Dependency Tool (AUKUH):

AUKUH WTE January 2013	AUKUH WTE September 2013	AUKUH WTE April 2014	AUKUH WTE October 2014
25.89	27.1	27.8	24.6

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

Level	January 2013	September 2013	April 2014	October 2014
0	20.4	16.2	16.55	13.1
1a	1.2	4.67	9.17	6.1
1b	1.45	1.13	1.73	1.4
2	0.05	0.07	0.1	0.2

Professional Judgement Tool:

Prof Judgement Jan 2013	Prof judgement September 2013	Prof Judgement April 2014	Prof Judgement December 2014
23.1	23.8	24.3	24.3

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
52/48	55/45	55/45	64/36

Registered Nurse to Bed Ratio per shift:

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

*Nurse in charge and scope room/bed rest staff excluded)

Workforce Information:

Absence rate % (Nov 2014)	Absence rate % (YTD)	Turnover rate (YTD)	Mandatory Training % (Nov 2014)	PDRs % (Nov 2014)
14.92	3.97	6.9	93	100

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	77.3

Quality Indicators/ Exceptions (April – November 2014):

Indicator	Number	Action
Medication Errors	0	
Falls	0	
Pressure ulcers	0	
Complaints	1	Complaint re too many relatives sent to the ward. Coordinators and Birch ward informed for future planning.

Friends and Family Test:

Holly Suite formally began to report data to the commissioners for the friends and family test in October this year. 484 questionnaires have been completed to date and 95% of these were that patients would be extremely likely to recommend the hospital to family and friends.

Verbatim Comments Made by Patients:

"Staff are excellent, cannot do enough for you. Extremely helpful and friendly and make patient feel calm and at ease."

"Doctors and staff made me very welcome and calmed me down and reassured me everything would be ok. Karen who was looking after me has been fantastic and so have all the rest of the staff"

"Everyone was very professional in the way they dealt with any questions I had. Everything was explained thoroughly and clearly."

"In all I have had a marvellous experience here today. Excellent level of patient care - every single staff member treated me so well."

Exception Report Summary:

The WTE per bed and Registered/Non-Registered split is 64/36 and band 4 nurses are included in the unregistered category in line with RCN recommendations. The nurse sensitive indicators have been reviewed and these results give assurance of the safety of patients nursed on Holly Suite. Staff continue to train in the scope room in theatre to ensure Holly Suite can support the on-going service. The endoscopy nurse specialist is currently on maternity leave and staff training is an issue in line with staff turnover. The ADNS, Ward Manager and GM will work to address this to ensure a high standard of care is maintained.

Cath Lab:

A staffing review was undertaken in September 2014 following a listening to action exercise which took place in response to the staff survey results and after a difficult period of staffing issues due to maternity leave and sickness issues. The staffing review was undertaken using the Hurst Professional Judgement Model. The nurse sensitive indicators do not give any cause for concern regarding quality of care or patient safety within the cath labs.

The Cath Lab has become a frontline emergency service dealing with acute, unstable patients in a high risk clinical setting. EP activity has been increasing including a shift from conscious sedation to general anaesthetic to enhance patient experience following a pain audit. There is increased activity in the expanded 6 bedded recovery area

The directorate presented a business case to Operations Board requested a small number of additional staff and they have been asked to review the requests for additional staffing in line with the activity plans for 2015/16. With continuous management of staffing and ongoing monitoring, patients are safe within this department.