

Item 3.1a
Appendix 1
Division of Surgery June 2015

Cedar Ward: – This is a 30 bedded ward comprising of four bays of 4 beds and 14 individual rooms that are open 24:7. A further bay of 4 beds is to be opened on this ward once staffing is recruited to. 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 for staffing is exclusive of the HDU.

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

FTE Sept 2013	FTE April 2014	FTE Dec 2014	FTE June 2015	Actual FTE June 2015
38.59	38.59	38.54	48.7*	42.2

*Please note this was following a financial investment by the Executive Board for 3.4wte RN and 2.8wte HCA to ensure a quality staffing was available. Funding for a further 4.0wte RN has been provided to open up the extra 4 beds on the ward.

Despite staff being recruited, some are awaiting their start date. There are 4.5 wte vacancies not filled as yet and a recruitment event is being held in July with continual adverts out for further recruitment. Whilst corporate recruitment was planned quarterly, several monthly events have now taken place with excellent outcomes. It is anticipated that vacancies on Cedar ward will be filled by October 2015.

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

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

Monthly Staffing Reported to Unify and Trust Board

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

	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015
RN Days(E/L)	80.8	83.4	85	82.5	87.3	90
RN Nights	123.7	122.3	100	103.2	105.6	87.9
HCA/AP Days (E/L)	129.7	127.1	148.6	107.1	127.3	148.9
HCA / AP Nights	127.4	121.0	160.7	166.1	155	103.2

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

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

Bank and Agency Total 2014/15	Pay Year End Variance (underspends in brackets)
(Bank RN) £85,325	
(Bank Band 4 and below) £79,955	
(Agency) £82,912	
Total £248,192	(£76,127)

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

Bank and Agency Total M1-M2 2015/2016	Pay Year End Variance (underspends in brackets)
(Bank RN) £17,471	
(Bank Band 4 and below) £17,578	
(Agency) £24,407	
Total £59,456	(£39,990)

Patient Dependency Tool (AUKUH):

AUKUH WTE September 2013	AUKUH WTE April 2014	AUKUH WTE December 2014	AUKUH WTE April 2015
38.3	38.0	38.3	40.44*

*This is for the 30 patients on the ward

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

Level	September 2013	April 2014	December 2014	April 2015
0	11.8	13.42	8.3	8.14
1a	2.8	5.22	5.04	8.38
1b	5.2	4.53	4.09	10.14
2	0	0	0.09	0
3	0	0	0	0

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

Professional Judgement Tool:

Prof Judgement September 2013	Prof Judgement April 2014	Prof Judgement December 2014	Prof Judgement June 2015
39.4	40.3	44.4	48.1*

*This is for 34 patients

Registered Nurse /Health Care Assistant % split:

RN/HCA Split September 2013	RN/HCA Split April 2014	RN/HCA Split December 2014	RN/HCA Split June 2015
64/36	64/36	64/36	65/35

Registered Nurse to Bed Ratio per shift:

Early	1:4.2
Late	1:6
Night	1:6

Workforce Information:

	2012	2013	2014	2015 (YTD)
Yearly Absence	2.90%	4.34%	4.10%	2.61%

	2012	2013	2014	2015 (YTD)
Turnover (Voluntary)	8.9%	20.0%	24.4%	7.7%
Turnover (Actual)	8.9%	24.0%	26.7%	7.7%

	2012	2013	2014	2015 (YTD)
Mandatory Training	83%	79%	92%	90%
PDR	75%	49%	94%	85%

Exit Interviews / Culture Survey

Exit interviews are now undertaken by the HR Department however no further staff have left. Information gathered previously highlighted that staff felt over burdened by the ratio of staff to patients which was also noted as part of the staff culture survey. This will soon be resolved once all new staff have commenced in post.

Three actions that were taken from the culture survey to have further work undertaken include:-

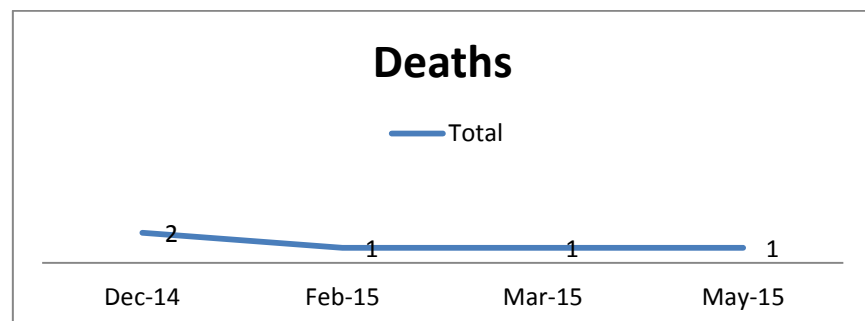
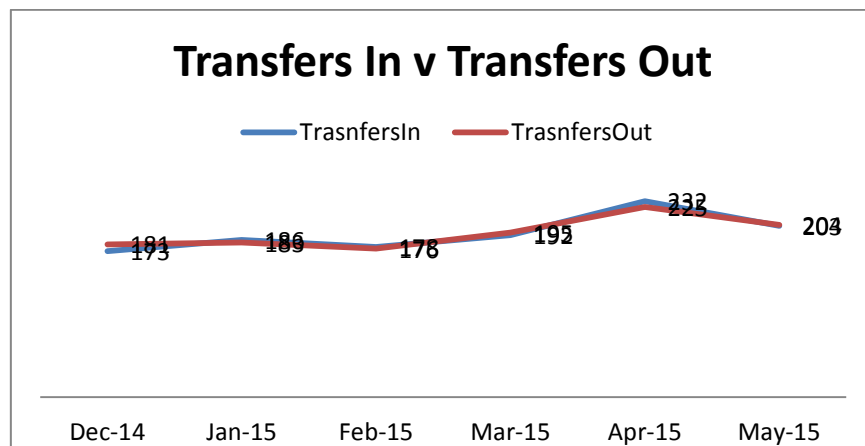
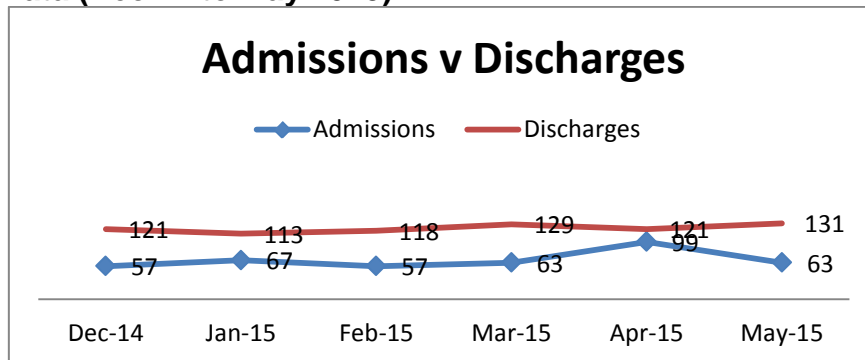
Recommendation	Action	By whom	Completed By	Evidence
Instil a no blame culture within Cedar Ward.	Discuss problems or issues that occur on the ward within a group. Continue to feedback from incidents to the group	C Baker K Mulhearn H McCormack K Gibson LSalter	Ongoing	Request for feedback from group / ward meetings
Low Morale	Give positive feedback to staff	All Cedar Senior team and Senior B5 to Junior and Band 2	Ongoing	Repeat Culture Survey
Feedback re performance	Feedback to be given as per by Ward Manager at regular 1:1 meetings. Feedback given at the time of good / bad	All Cedar Staff WM	Ongoing	Repeat Culture Survey

	performance			
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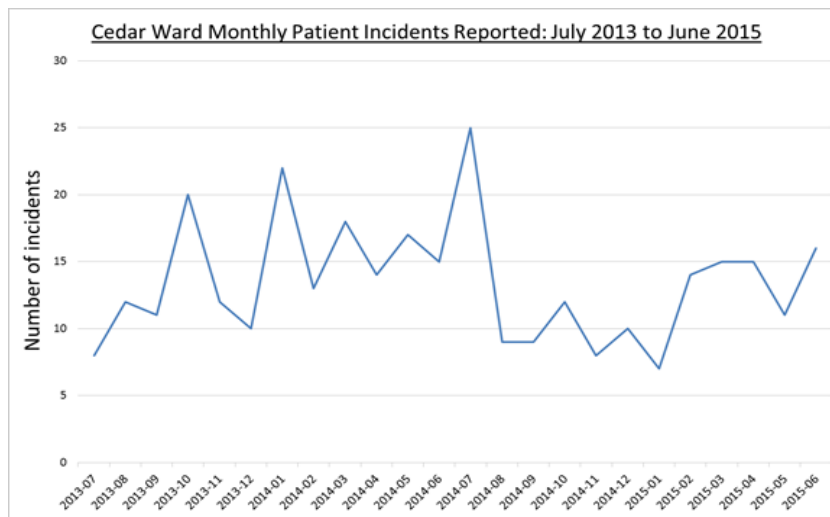
Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	78

Patient Flow Data (Dec 14 to May 2015)



Monthly Incident Reporting



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

	Number	Action
Medication Errors:	13	Errors include measuring issues with CD liquids due to the viscosity of them; 2 errors inappropriately noted as errors; 1 was a prescribing error and 1 was prescribed as wrong route for administration. No harm caused to patients.
Falls	7	No falls as a result of staffing. 5 were not avoidable. 1 is currently going through an RCA process. 1 fall was avoidable, the patient was being cared for on a 1:1 and the nurse went to assist with another patient.
Pressure ulcers	1	Grade 2 pressure ulcer on the sacrum, hospital acquired.
Complaints	4	A relative requested further information regarding the cause of death of his wife. The team met the relative and positive feedback received regarding explanation and support. Two complaints are due to a lack of pain relief/efficacy of pain relief. On investigating this, the MDT worked hard to manage this patient's pain and involved anaesthetists. The patient was happy with the response. The second of these patients will discuss pain relief at the next OPD appointment. A further complaint is currently being investigated.

Friends and Family Test:

Number completed Dec 2014 – June 2015	Average monthly net promoter score
210	100

Verbatim Comments Made by Patients

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

<http://pc10539rbq/homepage.a5w>

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

- *All staff were kind and helpful looking after me and to help me to get over my fear of hospitals thank you.*
- *Get looked after really well doctors great tell you straight what is going to happen.*
- *Excellent care on the ward - so good, booked in for longer - ha ha no only joking looking forward to going home.*
- *The staff have made my stay as comfortable as it could be. Everyone has been professional and polite. Excellent.*
- *Don't know where to begin- absolutely wonderful care all staff lovely exceptional standards on here.*
- *Lovely stay just waiting for tablets was a bit of a nightmare.*
- *Had the best care ever on this ward couldn't have ask for more. I have met some really nice friends in the bay I was in at the beginning of my stay and then I was moved into my own room which was really nice and then my friends came to visit me.*
- *Keep doing what you're doing, I would mention staff names and comment on how great they were at making my stay as comfortable as they possibly could but there would be an endless list of names. But thank you all the staff on the cedar ward. You're pro!*
- *100 per cent care on here treated like a princess staff brilliant lovely banter it's nice to see someone smiling when you are feeling down means a lot to be able talk even the ladies on the bay were really nice only down fall was the food sorry to say.*
- *Fantastic care on here only problem is there should be more nurses as sometimes there can be a lack of communication and they take too long to come back to you because they are too busy.*
- *Amazing, amazing, amazing. What a ward. What can I say – can't believe how well looked after I have been - nothing too much trouble all staff wonderful, friendly. I would rather stay in here than some of the holiday places I have stayed in - going to miss everyone.*

All of the patients above responded with extremely likely to recommend Cedar ward in LHCH and 100% of patients have responded in a positive manner about Cedar ward. Whilst there are a couple of themes that have been raised above, nobody has said they would not recommend Cedar ward.

Ward Manager Leadership

The current Ward Manager has been in post for 2 years now and has driven up standards in the ward in managing patient care and that of their families, as described within this paper. High turnover has been a significant challenge over the last two years and it has not been possible during this time to achieve a full establishment. The Ward Manager has invested in the band 6 staff who previously had not had the opportunity to attend leadership courses, manage staffing issues or tackle poor performance. The Head of Nursing and Quality for Surgery and the Ward Manager are clear on their expectations of how staff should be supported and the standard of patient care. The Ward Manager has worked to ensure engagement from the Advanced Practitioners, Specialist Nurses (based on the ward) and the wider MDT to enable team work and good communication, thereby having a positive impact on patient care and education.

The Ward Manager is one of the key 10 champions for Listening into Action, being part of the initial group-work in driving improvement work across the Trust, pertaining to staff facilities.

Nursing in Teams and Ways of Working

A considerable amount of time has been invested in Cedar ward over the years to understand the challenges. It is clear that Cedar is a busy ward due to the specialist requirements of the patients that the staff care for. The ward provides specialist upper GI and thoracic care to the patients in these areas. (The UGI service is soon to be transferred to RLBH in September 2015). A high percentage of ward patients have cancer and require surgery. Not only are the staff providing specialist clinical care, they are also required to spend time supporting the psychological needs of the patient and their families, in line with the Patient and Family Experience Vision.

The newly agreed establishment means that a nurse will care for approximately 6 patients in a team which is considerably lower than previous. The Head of Nursing has reviewed the way of working on the ward and determined that the 2 Advanced Practitioners divide responsibility for the ward, thereby ensuring junior staff are aware of where to go to for advice and support in managing patient care. In addition on each shift, there is a supervisory team leader who will be able to support staff as required. This information is displayed on the board opposite the nurse's station, so staff and patients / families can make reference to this.

ECS Assessment

The new ECS (Excellent, Compassionate, and Safe) assessment has recently commenced in LHCH, taking the place of the ESQS assessment which is used to measure the overall standards of the wards. Cedar was one of the first wards to have an ECS undertaken, which is completed by staff from other areas. This resulted in RAG rated results of 1 gold, 1 amber and 2 greens in March 2015.

In June 2015, the ECS was repeated however on this occasion the tool had been improved to apply stretch to the wards. The initial results, (pending review) are identified as green throughout, as noted below.

Keeping Patients Safe Part A	Keeping Patients Safe Part B	Keeping Patients Safe Environment	Keeping Patients Safe Staff Training	Being Effective	Leadership	Responsive To Peoples Needs
96	99	99	98	97	100	99

Ward	Cedar
Record Keeping	97
Elements Of Care	99
Medicines	92
Incidents	100
Nutrition	96
Abuse	100
End Of Life	100
Tissue	99
Infection Control	100
Medicines2	98
Equipment	98
Premises	98
Training	98
Respect	97
Complaints	100
Leadership	100
Responsive	99

Management of HDU

HDU is a 4 bedded unit on Cedar ward and is currently managed by the Ward Manager of Cedar ward. Due to the complex nature of the patients on Cedar ward, discussions have taken place to transfer the management of the HDU to the Clinical Services Division. The HDU nursing staff will be managed by the Matron from SICU and overseen by the Head of Nursing for Clinical Services. It is anticipated this will be within the next 3 months.

Exception Report Summary: An investment was confirmed for Cedar ward to support the quality agenda for patients which resulted in an extra 3.4wte RNs and 2.8wte HCAs being added to the establishment. Whilst there has been a lot of recruitment taking place, there remains a vacancy gap of 4.5wte. The staff have been made aware of the uplift in staffing and this will have a positive impact on their daily workload.

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

The AUKUH and Professional judgment tools are consistent with previous years and with slightly increased dependency for the time this was undertaken but in line with FTE. Nurse to bed ratio is in line for supporting excellent patient care as well as improving staff morale. Workforce information / KPIs remain constant, with an increase in compliance with mandatory training and PDR completion. The next culture / staff survey will identify whether staff feel there has been improvements.

Ward occupancy at 78% is slightly below the expected target of 85%. Cedar ward has the highest incidence reporting within the Trust and whilst there was a dip in August 2014, there has been a steady increase in reporting across the ward. These incidents are discussed monthly as part of Divisional Governance Committee. There have been a number of measuring issues of controlled drugs within the CD book due to their viscosity and these have been discussed and investigated by Pharmacy at length with no escalation required. It should be noted that approximately 25 out of the 30 patients require CD liquids every 3 hours which takes 2 nurses to administer.

The ward staff have worked hard to reduce their falls and of the 7, only 1 was avoidable and changes have been made to raise awareness. Complaints are discussed at Directorate Governance at length to ensure learning happens across the wards. The average monthly scores for the ward for FFT is 100% from the 210 audits completed highlighting satisfaction by patients. Some slight areas for improvement including TTO delivery and food which have been shared with the Head of Nursing for Clinical Services.

There have been many improvements on Cedar ward over the last 2 years led by the Ward Manager however it is only now that some results are more consistent to demonstrate a change in culture and working practices. The next few months will be a challenge as several staff commence post at the same time however the Ward Manager has processes in place to make this a success, working alongside the Advanced Practitioners and specific members of the MDT.

The Ward Manager and the team have been praised for their hard work in achieving success in their ECS assessments. It should also be noted that the first two months of commencing the Best of the Best Awards, these were awarded to a HCA on the ward and then an Advanced Practitioner. The staffing in this area is safe.

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

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

FTE 2013	Sept	FTE 2014	April	FTE 2014	Dec	FTE June 2015	Actual FTE June 2015
11.4		11.4		11.4		11.4	5.6*

* There are some vacancies in the HDU due to staff moving to Cedar ward as the new structure and management of the unit is established. These gaps are being supported by the appropriate staff from both Cedar ward and POCCU/ITU.

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.

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%.

	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015
RN Days(E/L)	100	100	100	100	100	100
RN Nights	100	100	100	100	100	100

Comments: Fully compliant

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:

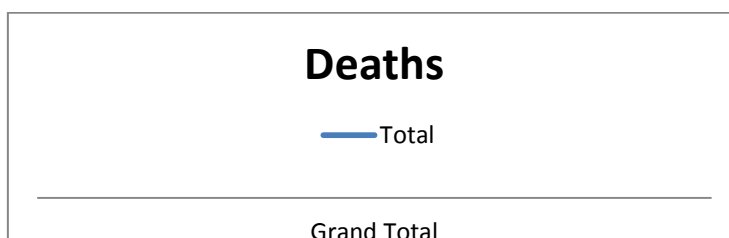
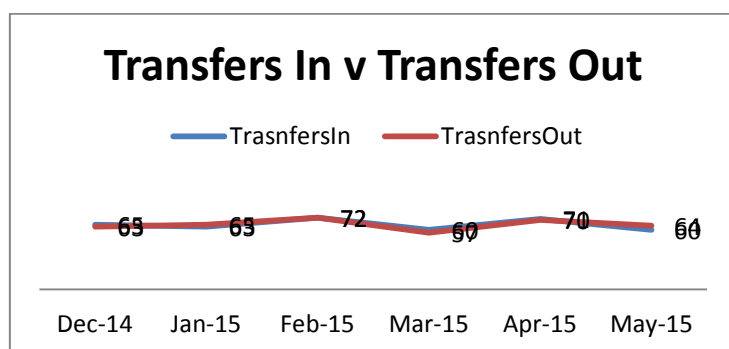
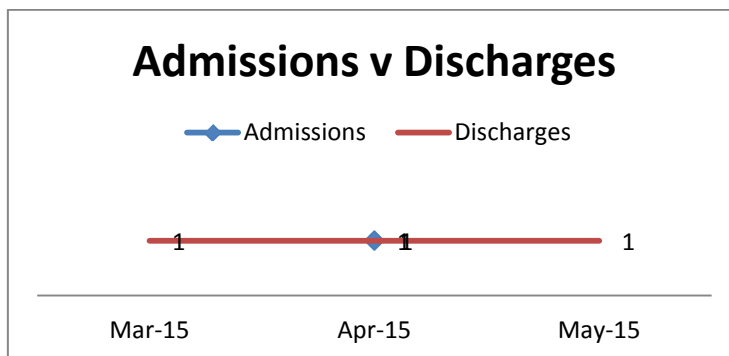
Early	1:2
Late	1:2
Night	1:2

Workforce information is combined with Cedar ward.

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	82

Patient Flow Data (Dec 14 to May 2015)



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: There are some vacancies in the HDU due to staff moving to Cedar ward as the new structure and management of the unit is established. These gaps are being supported by the appropriate staff from both Cedar ward and POCCU/ITU. Bank and agency staff are utilised as required. Staffing is maintained in this area at 100% and occupancy stands at 82%. Recruitment to this area is being undertaken with the Critical care recruitment and the corporate recruitment to ensure that vacancies are filled at the earliest opportunity.

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 Sept 2013	FTE April 2014	FTE Dec 2014	FTE June 2015	Actual FTE June 2015
30.69	29.59	29.59	33.09*	28.49

*Please note this was following a financial investment by the Executive Team for 1.8wte RN and 1.7wte HCA. With the exception of 1.0wte all vacancies have been recruited to.

Planned staffing required for each shift

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

Monthly Staffing Reported to Unify and Trust Board

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

	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015
RN Days(E/L)	94.5	98.9	98.4	97	97.3	95.9
RN Nights	154.8	103.2	100	100	100	66.7
HCA/AP Days (E/L)	103.2	141.9	128.6	124.2	138.3	105.2
HCA / AP Nights	145.2	132.3	116.1	108	111.7	121.0

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. In May 2015, the staffing numbers per shift were altered to take into account the new staffing establishment, i.e.3RNs of a night shift. Whilst 100% was not achieved according to the new establishment, it did adhere fully to the previous establishment set.

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

Bank and Agency Total 2014/15	Pay Year End Variance (underspends in brackets)
(Bank RN) £46,908	
(Bank Band 4 and below) £92,480	
(Agency) £27,335	
Total £166,723	£27,590

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

Bank and Agency Total M1-M2 2015/2016	Pay Year End Variance (underspends in brackets)
(Bank RN) £7,413	
(Bank Band 4 and below) £15,045	
(Agency) £3,952	
Total £26,410	(£4,709)

Patient Dependency Tool (AUKUH):

AUKUH WTE September 2013	AUKUH WTE April 2014	AUKUH WTE December 2014	AUKUH WTE April 2015
30.3	28.7	22.7	25.46

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

Level	September 2013	April 2014	December 2014	April 2015
0	11.8	13.42	8.3	13.4
1a	2.8	5.22	5.04	4.83
1b	5.2	4.53	4.09	2.47
2	0	0	0.09	0
3	0	0	0	0

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

Professional Judgement Tool:

Prof Judgement September 2013	Prof Judgement April 2014	Prof Judgement December 2014	Prof Judgement June 2015
31.9	29.5	33.2	33.4

Registered Nurse /Health Care Assistant % split:

RN/HCA Split September 2013	RN/HCA Split April 2014	RN/HCA Split December 2014	RN/HCA Split June 2015
63/37	64/36	64/36	63/37

Registered Nurse to Bed Ratio per shift:

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

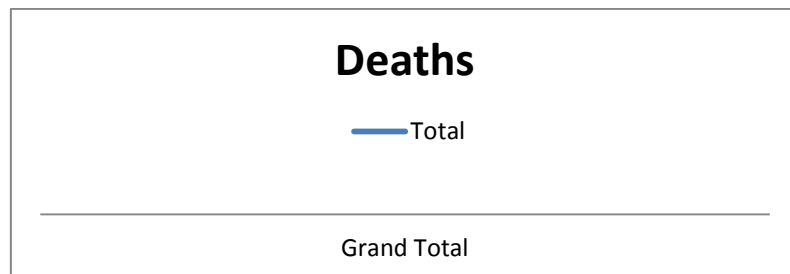
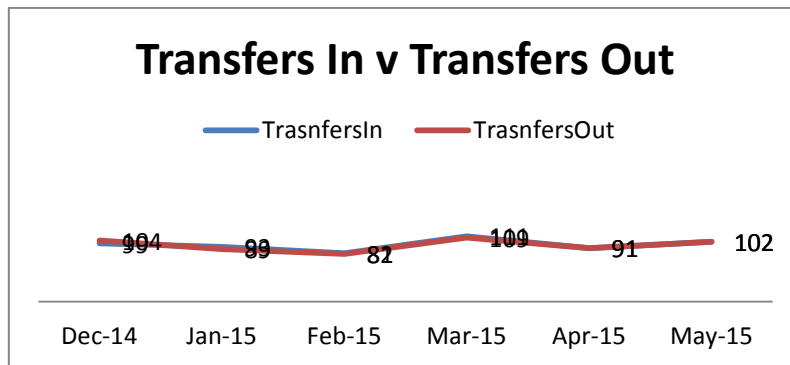
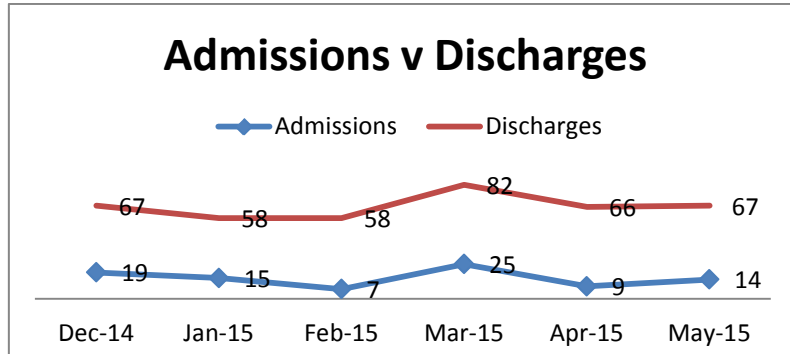
Workforce Information:

Absence rate % (May 2015)	Absence rate % (YTD)	YTD Turnover rate (YTD)	Mandatory Training % (May 2015)	PDRs % (May 2015)
1.69	2.73	6.3	83	65

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	93

Patient Flow Data (Dec 14 to May 2015)



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

	Number	Action
Medication Errors:	5	4 prescribing errors and 1 due to the administration of the wrong IV fluid. No harm to patient.
Falls	16	A review has been undertaken into the falls on this ward to determine the cause. Of these, 4 of these were avoidable. (A staff member walked with the patient. The patient stumbled and fell; 1 relative took patient to toilet and didn't inform nursing staff, resulting in a fall; 1 patient used the rollator belonging to another patient; 1 patient wasn't walked to the toilet when identified as a falls risk. Falls are highlighted as part of the safety huddle on the ward per shift. Call don't fall work was also launched. The new staffing establishment should support extra ward staff in the wards. The Ward Manager has set the standard that nurse documentation must be completed in the bays / patient rooms to increase contact and support.
Pressure ulcers	0	NIL
Complaints	3	1 is related to diabetes education of nursing staff which is being organised. Second complaint is regarding delay in diagnosis of stroke and nursing care. The family met with the team. The third complaint is regarding clinical care and is under investigation.

Friends and Family Test:

Number completed Dec 2014 – June 2015	Average monthly net promoter score
250	97.9

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://pc10539rbg/homepage.a5w>

- *Some doctors didn't use the sanitiser on leaving and entering the room.*
- *Staff can't do enough for you were care is concerned. The wards are very clean at all times and all meals well balanced and diets catered for.*
- *I have never come across so many people that work so well together. I will put in writing to thank the hospital personally; being in hospital has never been so easy. Thank you to everyone.*
- *I had a shower and the dressing ballooned with water which stayed under dressing. We had to ask 3 times to get the dressing changed.*
- *Friendly, helpful staff. My whole experience here at LHCH on every unit the staff are fantastic and I thank them for putting up with the grumpy me at times but most of all their professionalism.*
- *Just unhappy at response time on requesting things to nurses.*
- *Sometimes left to long when buzzing for assistance*
- *Excellent service provided.*
- *Toilet not always cleaned in timely manner.*
- *Nothing is too much trouble for the staff. Some have a wonderful sense of humour and a*

beautiful smile - so important when in this situation.

Exception Report Summary: An investment of staff has been made to the ward which will result in the reduction in the use of bank and agency staff. The AUKUH was slightly lower than anticipated due to reduced activity on the ward at the time, despite having 93% occupancy. The RN / HCA split is correct.

Mandatory training is behind the Trust target however the Ward Manager has identified plans at ward level to manage this. PDRs are below target at 65% and the Ward Manager has been advised to await the new electronic PDR system implementation that is due to commence in August. The ward is about to trial the discharge information DVD for patients that has proven to be a success on Elm ward.

There have been a high number of falls in this ward, of which 4 were avoidable. The call don't fall initiative was launched within the surgical division in the last 12 months and the Ward Manager has set the standard that nurse documentation is always completed in the bays / patient rooms to increase contact and support.

Whilst the Friends and Family test results are at 97.9%, some themes are noted, including, a delay in answering buzzers and responding to patient requests. This has been raised at the safety huddles by the Ward Manager who is undertaking ad hoc checks to ensure the waiting time for patients has improved. 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 2013	Sept	FTE 2014	April	FTE 2014	Dec	FTE June 2015	Actual FTE June 2015
35.89		34.99		34.99		35.24	34.47

Planned staffing required for each shift

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

Monthly Staffing Reported to Unify and Trust Board

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

	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015
RN Days(E/L)	98.3	93.7	90.1	96	97.6	95.7
RN Nights	123.1	100	94	95.7	92.2	86.6
HCA/AP Days (E/L)	100	111.3	117.8	104.8	102.2	95.7
HCA / AP Nights	177.4	158.1	125	119.3	133.3	219.4

Comments: Some shifts have required extra staff due to the acuity and dependency of some of the patients which has resulted in bank and agency staff being used. This is being monitored closely by the Ward Manager and the Head of Nursing. Whilst this does look excessive, it correlates to 1 extra HCA at night.

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

Bank and Agency Total 2014/15	Pay Year End Variance (underspends in brackets)
(Bank RN) £51,608	
(Bank Band 4 and below) £62,342	
(Agency) £12,015	
Total £125,956	£40,657

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

Bank and Agency Total M1-M2 2015/2016	Pay Year End Variance (underspends in brackets)
(Bank RN) £7,467	
(Bank Band 4 and below) £5,687	
(Agency) £1,516	
Total £14,670	£4,662

Patient Dependency Tool (AUKUH):

AUKUH WTE September 2013	AUKUH WTE April 2014	AUKUH WTE December 2014	AUKUH WTE April 2015
30.3	28.7	28	33.8

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

Level	September 2013	April 2014	December 2014	April 2015
0	11.8	13.42	8.3	5.57
1a	2.8	5.22	5.04	8.14
1b	5.2	4.53	4.09	13.5
2	0	0	0.09	0
3	0	0	0	0.28

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

Professional Judgement Tool:

Prof Judgement September 2013	Prof Judgement April 2014	Prof Judgement December 2014	Prof Judgement June 2015
31.9	29.5	33.2	34.7

Registered Nurse /Health Care Assistant % split:

RN/HCA Split September 2013	RN/HCA Split April 2014	RN/HCA Split December 2014	RN/HCA Split June 2015
63/37	64/36	64/36	63/37

Registered Nurse to Bed Ratio per shift:

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

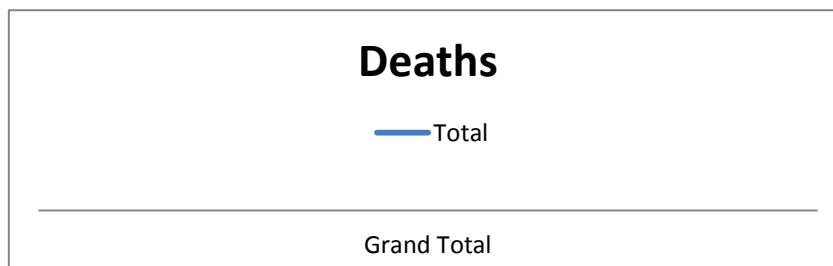
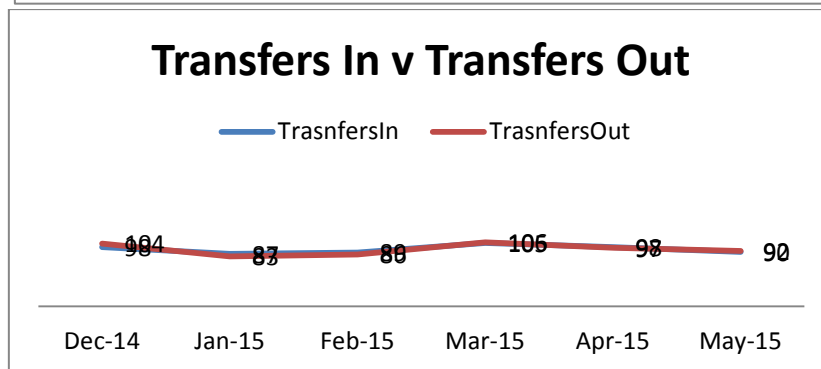
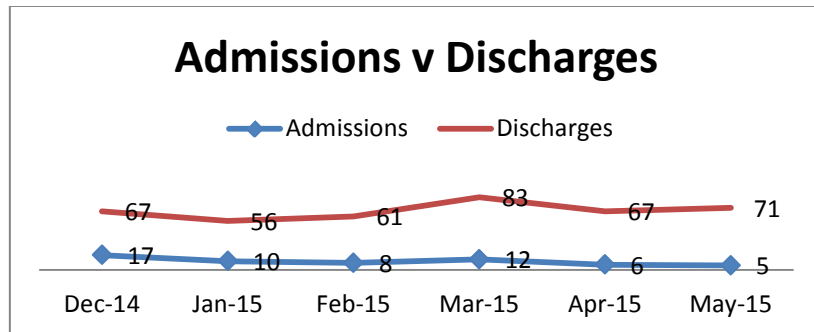
Workforce Information:

Absence rate % (May 2015)	Absence rate % (YTD)	YTD Turnover rate (YTD)	Mandatory Training % (May 2015)	PDRs % (May 2015)
3.03	2.18	15.8	99	100

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	94

Patient Flow Data (Dec 14 to May 2015)



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

	Number	Action
Medication Errors:	1	1 awaiting review.
Falls	2	Both falls unavoidable. One patient was with his wife mobilising. No harm noted.
Pressure ulcers	1	Grade 2 heel pressure ulcer. Lessons learned regarding the documentation and observation of the patient.
Complaints	1	Date of surgery cancelled, complaint awaited.

Friends and Family Test:

Number completed Dec 2014 – June 2015	Average monthly net promoter score
174	100

Verbatim Comments Made by Patients

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

<http://pc10539rbq/homepage.a5w>

- *What a superb hospital. No. Faults to find. Only praise of the highest kind. Everyone without exception has been pleasant helpful supportive and kind. Thank you to one and all.*
- *They make each person feel that they are the most important person on the ward and they remember your name all the time.*
- *The quality of care received and the professionalism of staff. Everyone on the ward was very supportive towards patients and couldn't do enough to make our stay in hospital as enjoyable as possible. All staff, without exception, were so welcoming and friendly.*
- *Dealt with immediately in a very friendly manner.*
- *Diabetics should be given slightly more preference to get the operation on the day because of being NBM and having no insulin. Apart from that couldn't fault the care given.*
- *I suppose it is a given that doctors know their stuff, but the staff on the wards amazed me with their knowledge and willingness to be better, elm ward was a very very good group.*
- *The care and professionalism is exceptional. It is easy these days to criticise but the level of friendliness and knowledge of the subject, and recognition of the vulnerability of the patient, is so reassuring, I have the highest regard for the way I have been treated.*
- *The air conditioning was unpredictable and some nights were difficult to get to sleep because of the temperature changes. At least your temperature was taken regularly so you were comforted to know that you hadn't developed an infection*

Exception Report Summary: Within the last month there has been a change of leadership on the ward, with one of the band 6 ward sisters taking on the role of Acting Ward Manager for 12 months. There is less than 1.0wte vacancy in this ward which the Ward Manager is recruiting to at the next recruitment event. There has been a number of patients who are confused or who have had strokes following surgery who have required further 1:1 support, particularly overnight. The new Ward Manager is working closely with the Head of Nursing and Quality for Surgery to monitor overspend in this area.

There has been some changes in the acuity of patients observed on the ward as noted within the AUKUH data. The level 3 patient was related to a patient that required their chest to be opened on the ward and is not a common occurrence. The FTE, AUKUH and professional judgment tool results are all fairly similar and consistent. The RN / HCA skill-mix is appropriate at 63/37 split.

Workforce KPIs are within expected targets with the exception of the turnover rate. The Ward Manager and Head of Nursing are happy that there is no underlying concern. A couple of staff have left the ward due to promotion.

The ward occupancy is high at 94% and the activity on the ward highlights that ward attenders will be managed within the Discharge Lounge moving forwards. Elm ward have had one patient develop a grade 2 pressure ulcer. The patients on this ward are high risk of developing pressure ulcers and the staff ordinarily manage pressure ulcer prevention exceedingly well.

The friends and family test results highlight excellent care being delivered and a consistent 100% result each month.

The staffing in this area is safe.

SAU Ward: – This unit has 10 beds however can flex to 14 beds and is open Sunday 13.25hours to Friday 15.00hours. 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. From September 2015, this ward will be moved into Amanda Unit which is a 12-bedded ward.

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

FTE Sept 2013	FTE April 2014	FTE Dec 2014	FTE June 2015	Actual FTE June 2015
10.55	10.55	10.55	10.55	10.99

Planned staffing required for each shift

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

Monthly Staffing Reported to Unify and Trust Board

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

	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015
RN Days(E/L)	100	100	100	100	100	100
RN Nights	100	100	100	97.1	100	100
HCA/AP Days (E/L)	100	100	100	100	100	100
HCA / AP Nights	100	100	100	100	100	100

Comments: All staffing is reported to be safe monthly.

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

Bank and Agency Total 2014/15	Pay Year End Variance (underspends in brackets)
(Bank RN) £13,454	
(Bank Band 4 and below) £5,234	
(Agency) £1,156	
Total £19,844	(£3,246)

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

Bank and Agency Total M1-M2 2015/2016	Pay Year End Variance (underspends in brackets)
(Bank RN) £1,998	
(Bank Band 4 and below) £782	
(Agency) £1,080	
Total £3,860	(£3,992)

Patient Dependency Tool (AUKUH):

AUKUH WTE September 2013	AUKUH WTE April 2014	AUKUH WTE December 2014	AUKUH WTE April 2015
9.7	10.93	7.1	10.18

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

Level	September 2013	April 2014	December 2014	April 2015
0	7.4	8.2	5.8	8.09
1a	0.76	0.49	0.71	0.19
1b	0.23	0.2	0.14	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 September 2013	Prof Judgement April 2014	Prof Judgement December 2014	Prof Judgement June 2015
12.1	11.8	11.8	11.8

Registered Nurse /Health Care Assistant % split:

RN/HCA Split September 2013	RN/HCA Split April 2014	RN/HCA Split December 2014	RN/HCA Split June 2015
58/42	54/46	59/41	64/36

Registered Nurse to Bed Ratio per shift:

Due to flexing between 10 and 12 beds, ratios are variable. In the new ward this will be 1:5.

Early	1:5 to 1:7
Late	1:5 to 1:7
Night	1:5 to 1:10

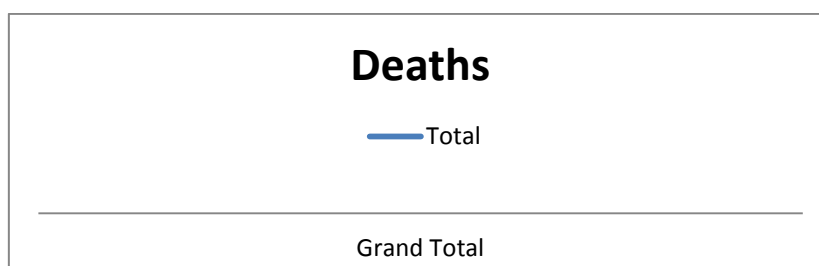
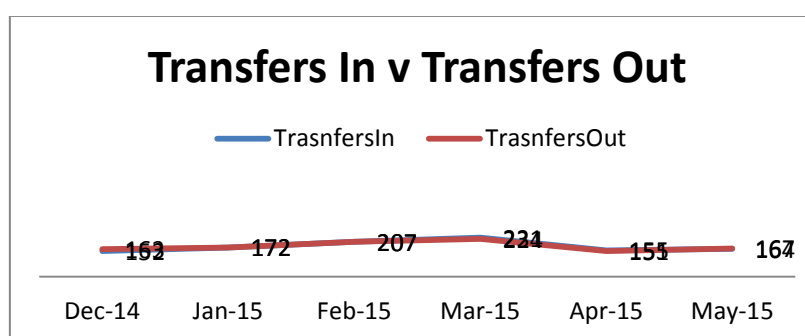
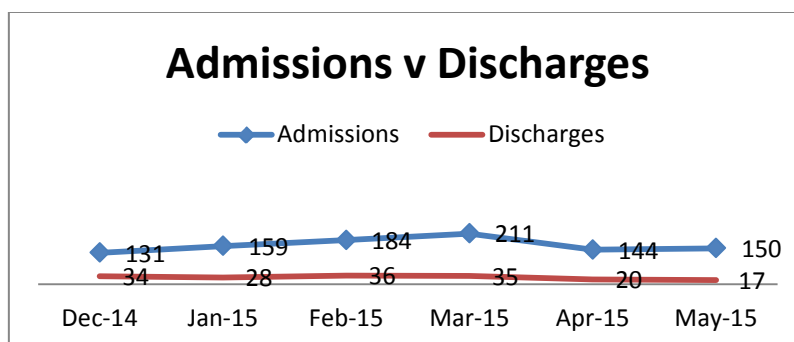
Workforce Information:

Absence rate % (May 2015)	Absence rate % (YTD)	YTD Turnover rate (YTD)	Mandatory Training % (May 2015)	PDRs % (May 2015)
1.17	4.53	0	98	100

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	67

Patient Flow Data (Dec 14 to May 2015)



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

	Number	Action
Medication Errors:	3	1 drug had not been documented within the CD book accurately and 2 prescribing errors
Falls	1	Patient slipped, unavoidable. No harm to patient
Pressure ulcers	0	NIL
Complaints	0	NIL

Friends and Family Test:

Number completed Dec 2014 – June 2015	Average monthly net promoter score
2	100

Verbatim Comments Made by Patients

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

<http://pc10539rbq/homepage.a5w>

- *Personal attention - nothing too much trouble. Fully satisfied, thank you very much. Very helpful, professional, and attentive staff.*
- *Very satisfied and happy with the care I received thank you. Thanks for all your help.*

Exception Report Summary: FTE, AUKUH and professional judgment tool all triangulate well. 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. Workforce KPIs are being met and the quality indicators recognise safe care. Results from the friends and family test are good. There are only a small number of patients who provide feedback in the FFT as the majority complete this in the area where they spend most of their post-operative recovery time. Occupancy is 67% and the ward closes where there is reduced activity. Staff support other areas where there may be shortages or given days for when acuity increases.

The staffing in this area is safe.

Theatres: – Theatres consist of the Meadow Suite (4-bedded Forward waiting) which was designed with patients and families to provide a relaxing and calming environment prior to entering theatres, whilst also ensuring privacy and dignity is maintained at all times. There are 9 operating theatres, 1 Endoscopy Suite and a 9 bedded Recovery Unit.

Within the department over 4000 elective procedures are performed annually, providing a service to medicine, surgery and critical care. The Operating Theatres are the clinical areas involved in the provision of cardiac surgery, thoracic surgery, gastrointestinal surgery, cardiac pacemaker implants and endoscopy procedures. Emergency cardiothoracic procedures are also performed in theatres.

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

FTE Dec 2014	FTE June 2015	Actual FTE June 2015
75.68	78.2*	64.51

*Please note this was following a financial investment by the Executive Board for 1.59 wte RN to ensure a quality staffing was available, in line with AfPP guidelines (Association for Perioperative Practice). AUKUH, professional judgement tools are not applicable to this area.

Planned staffing required for each theatre per session

Cardiac	1 x anaesthetic practitioner (band 5/6)	2 x scrub practitioners (band 5/6)	1 x circulating practitioner
Thoracic	1.5 anaesthetic practitioners (band 5/6)	2 x scrub practitioners (band 5/6)	1 x circulating practitioner

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

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

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

Bank and Agency Total 2014/15	Pay Year End Variance (underspends in brackets)
(Bank RN) £0	
(Bank Band 4 and below) £0	
(Agency) £120,755	
Total £120,755	(£53,570)

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

Bank and Agency Total M1-M2 2015/2016	Pay Year End Variance (underspends in brackets)
(Bank RN) £0	
(Bank Band 4 and below) £0	
(Agency) £37,076	
Total £37,076	(£1,687)

Registered Nurse /Health Care Assistant % split:

RN/HCA Split September 2013	RN/HCA Split April 2014	RN/HCA Split December 2014	RN/HCA Split June 2015
76/24	80/20	80/20	80/20

Workforce Information:

Absence rate % (May 2015)	Absence rate % (YTD)	YTD Turnover rate (YTD)	Mandatory Training % (May 2015)	PDRs % (May 2015)
3.86	3.11	9.1	91	37

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

	Number	Action
Medication Errors:	1	Medication given in error. Error counteracted and patient stabilized. Human factors noted and training provided to staff regarding human factors and reminded about the importance of checking medications thoroughly. Raised in safety huddle.
Falls	0	NIL
Pressure ulcers	0	NIL
Complaints	0	NIL

Friends and Family Test is not undertaken in this area.

Exception Report Summary: Following a staffing review and an external visit from the Association for Peri-Operative Practice (AfPP) it was identified that there was a requirement for an investment of 1.59wte to the establishment to ensure staffing was safe and appropriate.

There are 13.69 wte vacancies within the theatre department. It is recognised that there is a national shortage of theatre nurses and therefore the candidates have many options available to them. As a Trust we have been to national advertisement recruitment as well as local and are raising awareness regarding our vacancy factor at job fairs and army recruitment events. Local advertisements are running on a continual basis. In order to mitigate risk with this level of vacancies, staff are working extra shifts and agency staff are being used. In order to ensure that we can fully support the agency staff and to ensure patient safety, agency staff are booked for a block period as opposed to one shift. The theatre department have worked within their budget for staffing support.

The turnover is 9.1% and the department has seen two of these staff members return to the department within months of leaving. The PDR completion is 37% and the Manager has been advised to await the new PDR system implementation.

This area is safe.

Critical Care Unit: – The Unit is split into 2 areas, a 19 bedded Post-Operative Critical Care Unit (POCCU) and an Intensive Care Unit (ICU) with 12 individual rooms, six of which include isolation capacity. (There is potential for future increases in capacity, 1 side room in ICU and 4 corner beds within POCCU however these have not been commissioned to date).

Funded establishment and actual staffing (This does not include Unit Matron, Business Manager, Advanced Practitioners, Outreach Team, Admin/audit team, Technicians and the Education Team)

FTE April 2014	FTE Dec 2014	FTE June 2015	Actual FTE June 2015
172.35	185.34	185.34	180

Following an unannounced CQC visit in January 2014, the Executive Team agreed that a significant investment would be made to the staffing establishment.

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2
Funded WTE	11.18	29.82	112.58	9.96	2.67	19.13
Actual WTE	10.18	29.82	110.32	9.14	2.67	17.87
Variance	1.0	0	2.26	0.82	0	1.26

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 (April 2014- March 2015):

Bank and Agency Total 2014/15	Pay Year End Variance (underspends in brackets)
(Bank RN) £382,628	
(Bank Band 4 and below) £65,047	
(Agency) £510,388	
Total £958,063	£257,472

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

Bank and Agency Total M1-M2 2015/2016	Pay Year End Variance (underspends in brackets)
(Bank RN) £92,395	
(Bank Band 4 and below) £7,983	
(Agency) £211,332	
Total £311,710	£179,638

Registered Nurse /Health Care Assistant % split:

RN/HCA Split September 2013	RN/HCA Split April 2014	RN/HCA Split December 2014	RN/HCA Split June 2015
84/16	84/16	84/16	83/17

Registered Nurse to Bed Ratio per shift:

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

Workforce Information:

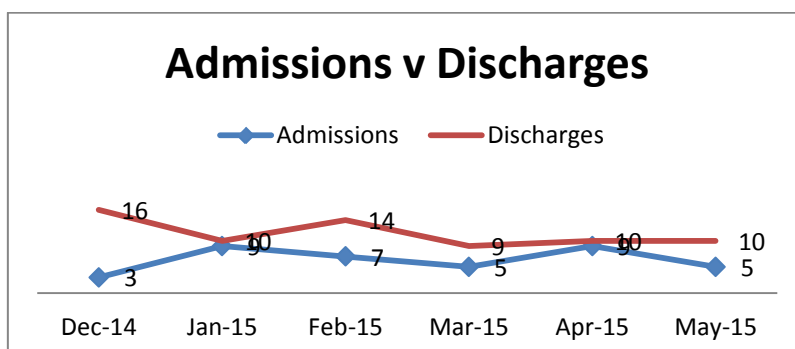
Absence rate % (May 2015)	Absence rate % (YTD)	YTD Turnover rate (YTD)	Mandatory Training % (May 2015)	PDRs % (May 2015)
4.7	5.58	13.4	92	45

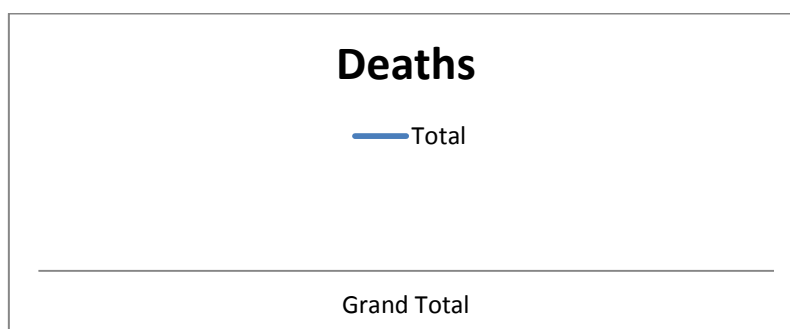
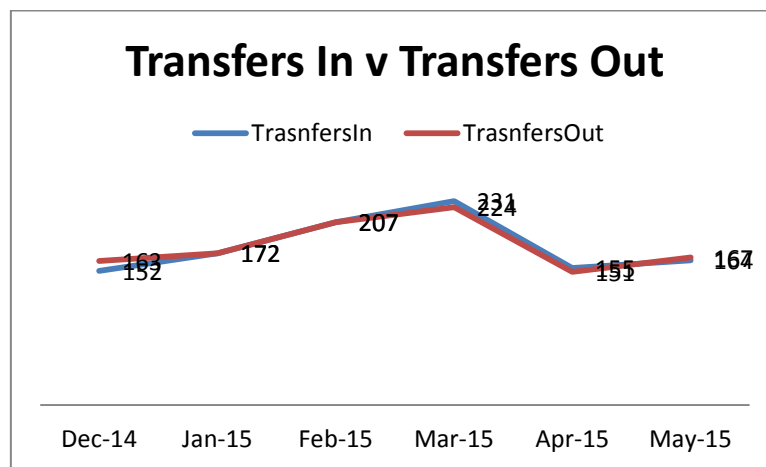
Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	87

Patient Flow Data (Dec 14 to May 2015)

(Direct admissions/ discharges to critical care to/ from other hospitals)





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

	Number	Action
Medication Errors:	6	Controlled drug measurements not accurate; 4 prescribing errors; 1 administration error – medicine given at the wrong time; 1 delay in sending a medication to POCCU.
Falls	1	Patient was confused and climbed out of bed, slight contusion to arm.
Pressure ulcers	4	3 of these pressure ulcers were unavoidable and consisted of 2 Grade 3 to sacrum and 1 grade 2 to sacrum due to long periods of time the patient remained flat in theatre during the operation. In March 2015 a Grade 2 pressure ulcer on sacrum identified and a full RCA was undertaken.
Complaints	1	Concerns raised regarding monitoring. Investigation underway.

Friends and Family Test:

Number completed Dec 2014 – June 2015	Average monthly net promoter score
5	100

Verbatim Comments Made by Patients

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

<http://pc10539rbg/homepage.a5w>

- *Excellent care.*
- *Everyone just everyone has been so kind, knowledgeable and great.*
- *Friendly staff.*

Exception Report Summary: Following an unannounced CQC visit in January 2014, the Executives agreed that a significant investment would be made to the staffing establishment. All vacancies have been appointed to with the exception of 5.34wte. Recruitment is underway with dates planned for interview.

This area has moved to the Clinical Services Division, May 2015. There has been an increase in bank and agency staff usage in recent months with a significant overspend. Work is underway to determine the required staffing and beds within this area.

This area is safe.

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

Within the Outpatients Department, the Clinical Nurse Practitioners (CNP) work alongside the staff of Outpatients to support and advise where appropriate. Currently the CNP lead nurse is managing the Outpatients department in the absence of the OPD band 6.

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

FTE Sept 2013	FTE June 2015	Actual FTE June 2015
12.45 (RN 3.6 Non-reg 8.85)	11.85 (RN 3.4 Non reg 8.45)	10.85

Planned staffing required for each shift

Day	
Mon - Fri	Each day 2 RN and 8 HCA The RN's are allocated to pre-investigation clinic, 1 as coordinator and 1 for busy clinic.

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

Bank and Agency Total 2014/15	Pay Year End Variance (underspends in brackets)
(Bank RN) £0	
(Bank Band 4 and below) £160	
(Agency) £494	
Total £654	(£16,417)

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

Bank and Agency Total M1-M2 2015/2016	Variance as at Month 2 (underspends in brackets)
(Bank RN) £0	
(Bank Band 4 and below) £0	
(Agency) £0	
Total £0	(£2,351)

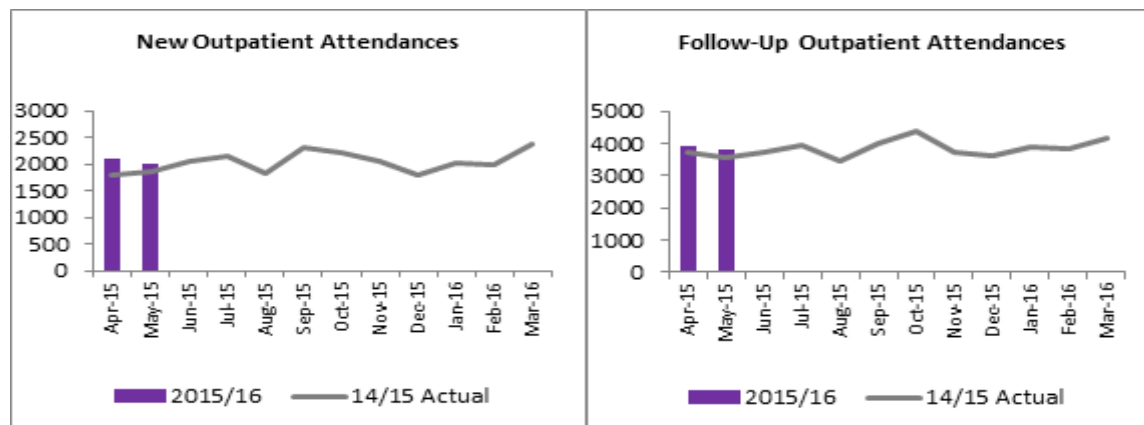
Professional Judgement Tool:

Prof Judgement June 2015
13.6

Workforce Information:

Absence rate % (May 2015)	Absence rate % (YTD)	YTD Turnover rate (YTD)	Mandatory Training % (May 2015)	PDRs % (May 2015)
0.57	0.29	8.3	95	92

Patient Activity Data (Dec 14 to May 2015)



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

	Number	Action
Medication Errors:	0	NIL
Falls	1	Patient fell and hurt knee. Patient stated they had new shoes on which caused them to fall.
Pressure ulcers	0	NIL
Complaints	0	NIL

Friends and Family Test:

Number completed Dec 2014 – June 2015	Average monthly score %
289	99.6

- Could be signed better for outpatients.
- Staff polite and helpful.
- All staff very helpful. Doctor very polite and explained everything clearly so I could understand.
- Very good service from outpatients.
- Happy with hospital service.
- Time delay with doctor.
- Drs arriving on time for clinics would help clinics not running late and us patients getting more stressed than what we are on arrival.
- Excellent hospital.
- Less questionnaire -Thank you.
- Very good service.
- Should be more disabled parking.
- Efficient service.
- Doctor was so gently spoken he made me feel reassured and positive of my outcome.

Exception Report Summary: Currently the CNP lead nurse is managing the Outpatients department in the absence of the OPD band 6. The Department is within the staffing budget and work is underway by the Head of Nursing for Clinical Services to review the establishment and way of working within this area. The Head of Nursing for Clinical Services is undertaking work in Outpatients to streamline clinic templates.