

Item 3.1b
Appendix 2
Division of Medicine June 2015

Amanda Unit: A 12 single bedded unit, 5 rooms have en suite facilities, accommodating patients who have Cystic Fibrosis (CF) and cardiology patients. Nurse Specialists and Advanced Nurse Practitioner support is incorporated to support cardiology patients, their families and staff. The ward is now the cohort ward for children admitted to the Trust. The staff on this ward will be moving to the new Cherry Ward in August 2015.

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

FTE 2013	Sept	FTE 2014	April	FTE 2014	Dec	FTE May 2015	Actual FTE
19.44		19.2		18.6		18.6	18.19

Planned staffing required for each shift for Amanda Unit:

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

Planned staffing for Cherry Ward (August 2015)

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

Monthly Staffing Reported to Unify and Trust Board:

	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015
RN Days(E/L)	98.5%	82.1%	98.5%	98.5%	93.8%	89.6%
RN Nights	67.7%	85.6%	94.3%	95.2%	96.6%	98.5%
HCA/AP Days (E/L)	87.1%	100%	95.2%	94.3%	93.3%	81.8%
HCA / AP Nights	57.9%	100%	90.4%	90.4%	90%	80.8%

Comments:

December had a period of low occupancy for the Amanda Unit as the ward was closed for a period of time which impacted on the figures. Some staff were given annual leave and others, where required, were moved to assist other ward areas.

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

Bank and Agency Total:	Pay Year End Variance (underspends in brackets)
(Bank RN) £20,503	
(Bank Band 4 and below) £24,153	
(Agency RN) £5,745	
Total £50,401	£15,078

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

Bank and Agency Total:	Pay Year End Variance (underspends in brackets)
(Bank RN) £1,308	
(Bank Band 4 and below) £2,571	
(Agency RN) £1,259	
Total £5138	£12,315

Patient Dependency Tool (AUKUH):

AUKUH WTE September 2013	AUKUH WTE April 2014	AUKUH WTE December 2014	AUKUH WTE April 2015
12.9	13.4	14.6	18.3

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

Level	September 2013	April 2014	December 2014	April 2015
0	6.33	10.14	9	3.52
1a	4.1	0	0	2.57
1b	0.52	3.13	3.14	11.28
2	0	0	0	0
3	0	0	0	0

Professional Judgement Tool:

Prof Judgement September 2013	Prof Judgement April 2014	Prof Judgement December 2014	Prof Judgement June 2015/ August
19.5	19.5	19.4	19.4 (Cherry 18.2)

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	59/41 (Cherry 63/37)

Registered Nurse to Bed Ratio per shift:

	Amanda Unit	Cherry Ward
Early	1:6	1:5
Late	1:6	1:5
Night	1:6	1:5

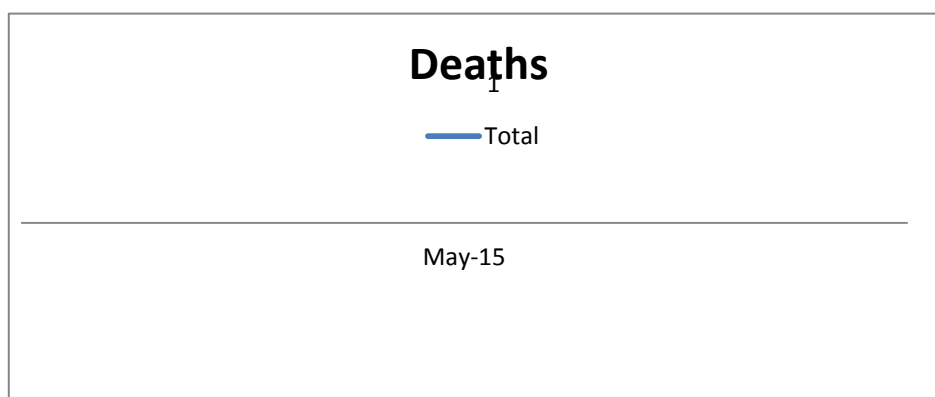
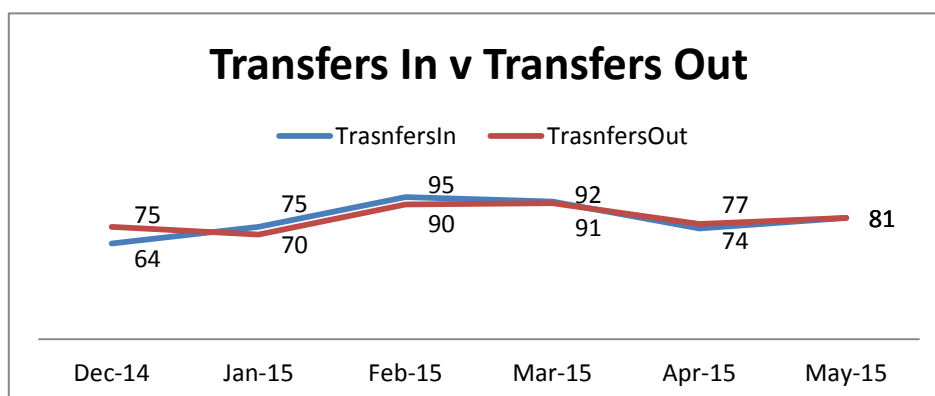
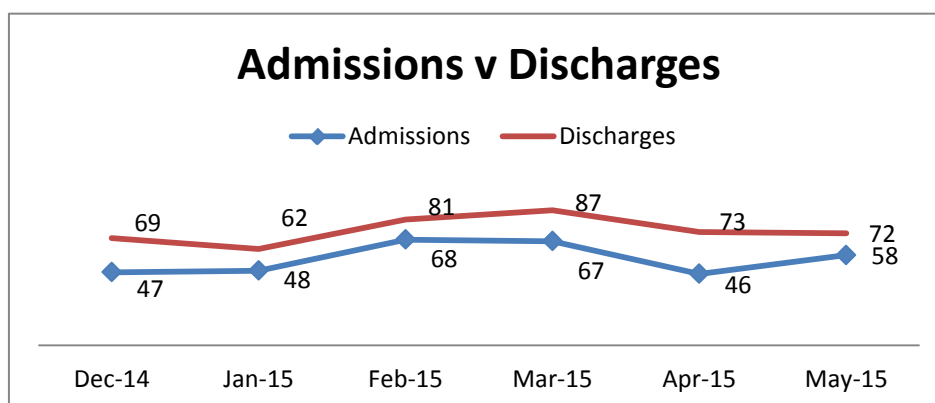
Workforce Information:

Absence rate % (May 2015)	Absence rate % (YTD)	YTD Turnover rate (YTD)	Mandatory Training % (May 2015)	PDRs % (May 2015)
14.37%	10.75%	13.6%	88%	64%

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	73%

Patient Flow Data:



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

	Number	Action
Medication Errors:	5	No patient harm for any incident. No themes. 1 rate error, 1 spillage, 1 TTO not ready for a patient from the Isle of Man, 1 missing drug, 1 delay due to drug being in ward bag when nurse went to collect.
Falls	4	2 falls were for a young patient with CF who did not want help. Personalised care plans now in place. Minor harm in one case.
Pressure ulcers	0	
Complaints	0	

Friends and Family Test:

Number completed Dec 2014 – June 2015	Average monthly net promoter score
159	98.5

Verbatim comments made by patients:

- Extremely efficient, professional, expert and amiable medical, nursing and other staff who always introduced themselves and took the trouble to explain what was going at all times. Comfortable and pleasant surroundings.
- I have been in a number of hospitals over the last few years. The staff here seem to enjoy their work and have a "can do" attitude. Everything has been explained to me about my treatment. My treatment has been second to none. Thank you!
- All the staff have been extremely helpful, friendly and attentive and I could not wish to have had better attention. Nothing has been too much trouble for them and my medical care has been impressive & excellent in my opinion. My procedure and medication were very well explained as were the risks. The Consultant Medical and Theatre Staff are also included in my comments above and everyone made my experience more relaxing and less stressful for what I consider could be a life changing procedure. Attention to detail and cleanliness is clearly a high priority.
- Even though my stay was short the quality of care I received was second to none. Each and every member of staff I encountered from entry to exit gave 100%. I found my experience very reassuring due to the positive attitude of staff and nothing was too much to ask. I will certainly be passing on my reassurance and recommendations to anyone that may require the services of this hospital and particularly the Amanda Unit
- Clear information given by staff who are happy to explain any questions you may have. Happy staff with a warm friendly demeanor who will willingly go out of their way to make you feel relaxed and assured you are in the safest possible hands.

Exception Report Summary:

All shifts have been monitored and nurse sensitive indicators have given no cause for concern.

The Safer Nursing Care tool AUKUH result is higher than previously reported and this is due to an increase in cardiology patients being treated in the ward.

Some short and long term sickness has had an impact on staffing shifts particularly as staffing establishment is relatively small due to the size of the ward. The new ward manager came into post since the previous staffing review and she is working with the team to reduce sickness and build morale.

The staff are currently preparing to move to Cherry Ward in August 2015 which is a new ten bedded unit with individual ensuite rooms. Staff training days have been arranged to ensure patient care is delivered safely during and post transition. The cohort of patients who have Cystic Fibrosis, who are infected with the Liverpool non-epidemic strain of *Pseudomonas Aeruginosa* will be transferred from Maple Suite to Cherry Ward and during this settling in period, planned staffing will be increased to ensure safety for patients at all times. The Cystic Fibrosis multidisciplinary team will be involved with establishing the new ward and will play an integral role in maintaining and enhancing high quality care.

It is anticipated that due to the reduction in the number of inpatient beds there will be a reduction in the requirement for assistant practitioners and this will release 1 WTE (@£25,000). Staffing will continue to be monitored to assess that care can be delivered safely and with no compromise in quality of care for patients and families.

Friends and family test results are checked and for this reporting period there have been no negative comments. Positive comments are shared with staff via ward meetings and written in the newsletter "Amanda Banter" which has been developed by the ward manager. All shifts have been safe.

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 the Coronary Care Unit (CCU). Birch ward is the primary step down for patients transferred from CCU.

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

FTE 2013	Sept	FTE 2014	April	FTE 2014	Dec	FTE May 2015	Actual FTE
48.6		48.7		48.7		48.7	47.6

Planned staffing required for each shift for Birch Ward:

Day	Early	Late	Night
Mon - Fri	8RN/1AP/4HCA	7RN/1AP/ 4HCA	4RN/ 2HCA
Sat - Sun	7RN/ 3HCA	6RN/3HCA	4RN/ 2HCA

Monthly Staffing Reported to Unify and Trust Board:

	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015
RN Days(E/L)	97.3%	95.7%	97.1%	97.0%	91.2%	95.1%
RN Nights	91.7%	99.3%	94.8%	94.8%	90.2%	99.1%
HCA/AP Days (E/L)	71.6%	90.4%	100%	100%	100.8%	86.3%
HCA/AP Nights	108.1%	98.6%	104.8%	104.8%	106.6%	91.9%

Comments:

All shifts have been monitored and deemed safe. Where planned staffing has not been met bank and agency have been requested. Where shifts have been unfilled, the teams have modified the way in which they work which has kept the ward safe. There has been some maternity leave and sickness and this is being managed in line with Trust policy.

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

Bank and Agency Total:	Pay Year End Variance (underspends in brackets)
(Bank RN) £30,079	
(Bank Band 4 and below) £16,455	
(Agency RN) £4,586	
Total £54,271	£7,786

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

Bank and Agency Total:	Pay Year End Variance (underspends in brackets)
(Bank RN) £3,172	
(Bank Band 4 and below) £1,534	
(Agency RN) £436	
Total £1,497	£ 6,639

Patient Dependency Tool (AUKUH):

AUKUH WTE September 2013	AUKUH WTE April 2014	AUKUH WTE December 2014	AUKUH WTE April 2015
47.1	45.7	52.7	53.3

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

Level	September 2013	April 2014	December 2014	April 2015
0	20.38	23.67	21.38	19.3
1a	7.05	12.97	9.26	14.6
1b	9.81	8.9	10.05	9.3
2	0	0	0	0
3	0	0	0	0

Professional Judgement Tool:

Prof Judgement September 2013	Prof Judgement April 2014	Prof Judgement December 2014	Prof Judgement June 2015/ August
48.9	50.1	51.7	51.0

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
66/34	66/34	66/34	66/34

Registered Nurse to Bed Ratio per shift:

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

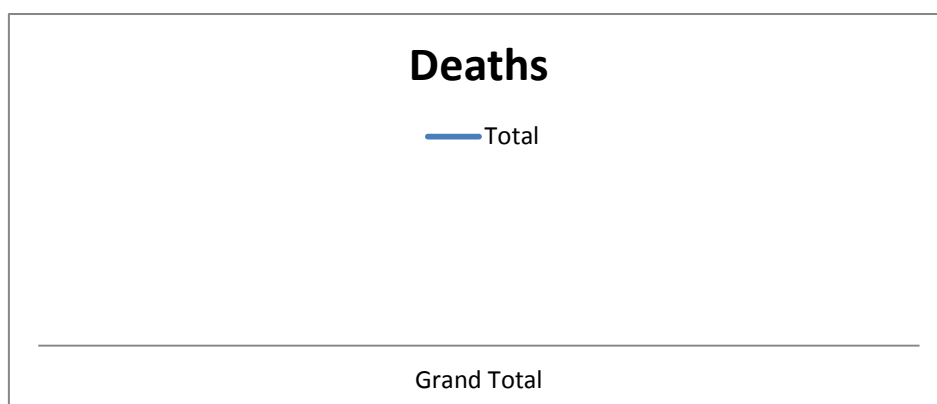
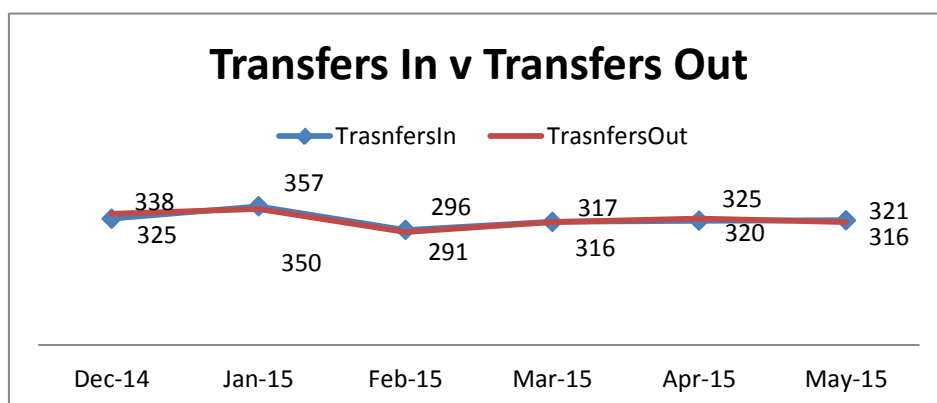
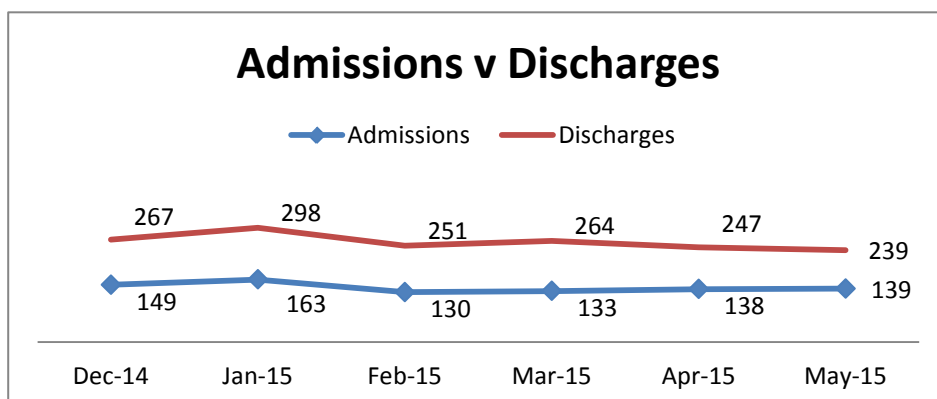
Workforce Information:

Absence rate % (May 2015)	Absence rate % (YTD)	YTD Turnover rate (YTD)	Mandatory Training % (May 2015)	PDRs % (May 2015)
2.76	3.52	9.1	86	84

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	84

Patient Flow Data



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

	Number	Action
Medication Errors:	7	No themes. No evidence of patient harm from any of the errors. 3 prescribing errors, 1 error in reading prescription by nursing staff, 1 incorrect TTO given, 1 incorrect labeling of drug and 1 IV infusion from referring Trust not checked on admission. All incidents addressed and actions taken to mitigate future risk.
Falls	14	A reduction from 20 falls in 2012 and 19 falls for 2013. Further work being undertaken to identify any mitigation. No themes and minor harm for 5 patients.

Pressure ulcers	1	Grade 3 pressure ulcer to a heel for a gentleman who had Diabetic neuropathy. Education needed for staff which was given by the diabetes nurse specialist.
Complaints	1	Breach of dignity and privacy. Investigated and not upheld.

Friends and Family Test:

Number completed Dec 2014 – June 2015	Average monthly net promoter score
606	98.8%

Verbatim comments made by patients:

- Staff excellent (room a bit out dated.)
- The medical care was excellent I only felt it needs just a bit more TLC to be perfect. Most of us are in discomfort, a bit scared and some elderly. It would be great to see staff just make sure folk are comfortable especially in the small hours of the night.
- The care I have had has been first class. The facilities are very good. The staff have been considerate and professional and attentive to my needs. Cleanliness is very good, and I found bathrooms and toilets hygienic and modern. Enjoyed food and drinks
- Extremely efficient, professional, expert and amiable medical, nursing and other staff who always introduced themselves and took the trouble to explain what was going at all times. Comfortable and pleasant surroundings.
- Food dubious and no sense of coordination. Drugs bloods breakfasts all arrive together. But nurses are good.

Exception Report Summary:

The occupancy and turnover of patients has been high for the reporting period and the nurse sensitive indicators do not give cause for concern.

The ward caters for short and long stay patients with a wide variation in acuity, propensity to deteriorate and who have a range of complex physical needs. In addition to many routine admissions which involve intense work for safe admission and discharge, there are also a large proportion of patients who have chronic conditions, may have complex inpatient care needs and complex discharge requirements. Multiple patients require post-operative care simultaneously with the admission and discharge process. Many staff can be off the ward during a shift, sometimes for extended periods, escorting patients to and from theatre and around hospital (e.g. telemetry patients) and staffing levels are set taking into account these factors.

The ward manager has been released to support trust project work and this has recently been extended for a year to contribute to the new care support team initiative. A new ward manager has been seconded from his charge nurse role for this period and his post has been backfilled by a senior staff nurse. This whole initiative has contributed to succession planning and it is anticipated that this will impact on staff retention. It is planned that a vacancy will be kept open which will realize a CIP to fund the care support work. The ward manager and head of nursing for medicine will keep the impact of this under review.

Birch Ward is funded under the level recommended using professional judgement and AUKUH, however due to some staff working long day shift patterns at their request, shifts are covered appropriately.

Falls have reduced considerably for the reporting period however focus is being placed on initiatives to reduce this even further.

A small amount of Friends and family test results gave some concern in May this year and an action plan was drawn up by the ward manager and the staff and recent results have improved. This will be monitored to ensure high quality compassionate care is delivered. All shifts have been safe.

Maple Suite: comprises of 13 individual rooms with en-suite facilities. 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. The staff are currently preparing for a change in the cohort of patients who have Cystic Fibrosis and will from August 2015 care for patients who have the Liverpool Epidemic Strain of Pseudomonas Aeruginosa. Current patients will move to Cherry Ward.

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

FTE 2013	Sept	FTE 2014	April	FTE 2014	Dec	FTE May 2015	Actual FTE
20.10		20.10		20.5		20.35	19.35

Planned staffing required for each shift for Maple Suite:

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

Monthly Staffing Reported to Unify and Trust Board:

	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015
RN Days(E/L)	123.1%	113.4%	106.1%	111.1%	110.8%	102.2%
RN Nights	98.3%	85.5%	92.9%	100%	100%	98.5%
HCA/AP Days (E/L)	72.6%	100%	100%	81.5%	74%	94.4%
HCA/AP Nights	96.9%	100%	95.7%	100%	100%	93.5%

Comments:

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

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

Bank and Agency Total:	Pay Year End Variance (underspends in brackets)
(Bank RN) £15,569	
(Bank Band 4 and below) £6,749	
(Agency RN) £921	
Total £23,238	£(2,194)

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

Bank and Agency Total:	Pay Year End Variance (underspends in brackets)
(Bank RN) £3,761	
(Bank Band 4 and below) £1,634	
(Agency RN) £691	
Total £6,086	£867 (Pay CIP variance £728)

Patient Dependency Tool (AUKUH):

AUKUH WTE September 2013	AUKUH WTE April 2014	AUKUH WTE December 2014	AUKUH WTE April 2015
15.2	13.6	18.7	13.15

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

Level	September 2013	April 2014	December 2014	April 2015
0	6.86	10.50	6.28	7.23
1a	1.57	0.56	0.4	1.32
1b	3.57	1.3	6.75	4.6
2	0	0	0	0
3	0	0	0	0

Professional Judgement Tool:

Prof Judgement September 2013	Prof Judgement April 2014	Prof Judgement December 2014	Prof Judgement June 2015/ August
20.8	20.6	20.4	20.4

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
62/38	60/40	58/42	56/44

Registered Nurse to Bed Ratio per shift:

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

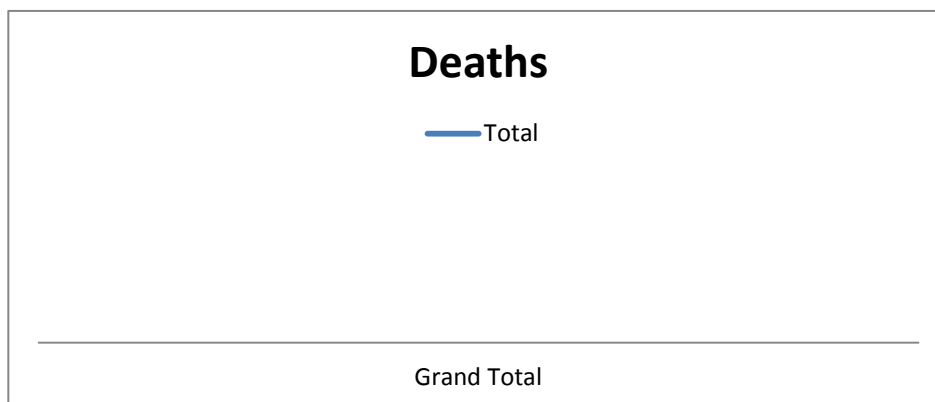
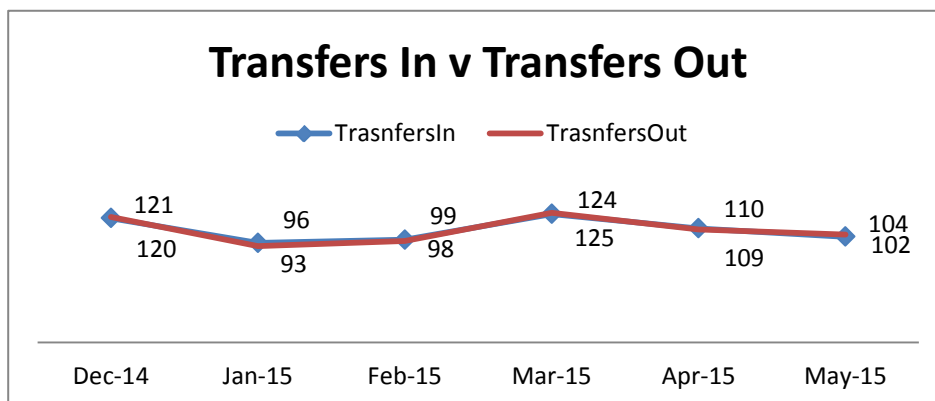
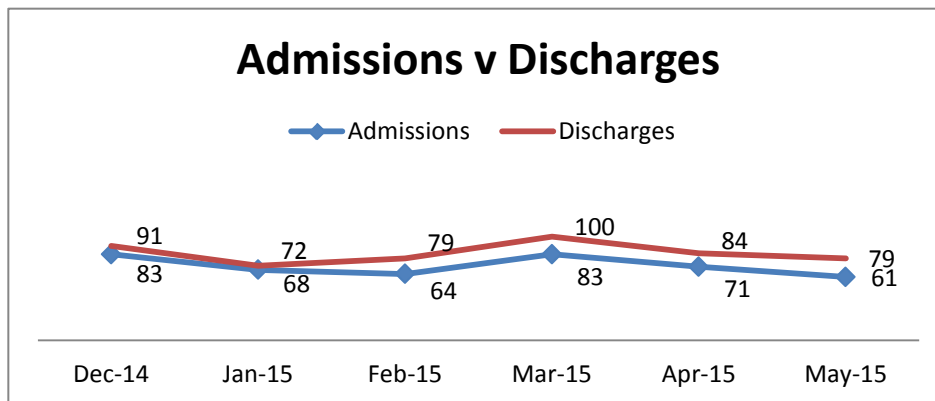
Workforce Information:

Absence rate % (May 2015)	Absence rate % (YTD)	YTD Turnover rate (YTD)	Mandatory Training % (May 2015)	PDRs % (May 2015)
2.76	3.52	9.1	86	100

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	76%

Patient Flow Data



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

	Number	Action
Medication Errors:	2	Prescribing errors. No harm to patients.
Falls	2	A reduction from 7 in two previous years. No harm to patients.
Pressure ulcers	0	
Complaints	0	

Friends and Family Test:

Number completed Dec 2014 – June 2015	Average monthly net promoter score
100	97.9%

Verbatim comments made by patients:

- Too much building noise
- I have been very pleased with the care received and the nursing received while I have been here. The only area which was disappointing was the inconsistency in exercise times which were no shows on a number of occasions. The food was fine and the choice available was excellent I would not have any hesitation to (if I had to) recommend this ward for an inpatient stay.
- Very noisy ward. Doors bang trolleys are extremely noisy etc etc but good staff.
- Very caring, helpful and considerate staff. Always willing to assist you and I have found that all the staff have the concern to make your stay as comfortable as possible so that your recovery is completed as soon as possible.
- On admission I was in room 16 which was dismal, bathroom facilities not up to scratch however a very kind nurse instigated the move to a superior front room .The nursing care was attentive and good.

Exception Report Summary:

AUKUH falls below professional judgement for the reporting period however occupancy and acuity are variable. Due to the ward size and layout it is acknowledged that minimum staffing levels are required to meet national guidance.

There has been some sickness and vacancies, although recruited into, nurses have not yet commenced in post. This is being managed proactively via a daily staffing huddle with the ward managers, where bank and agency shifts are unfilled.

Generally the ward receives exemplary comments from the friends and family test however there have been some negative comments regarding noise levels on the ward. A new ward is currently being built below Maple Suite (Cherry Ward) and building work has been noisy. The staff on Maple Suite have worked tirelessly to reassure patients and promote patient and family comfort during this time. Patients are informed preadmission of the risk of high noise levels which has managed the expectations of patients and been helpful. All shifts have been safe.

Holly Suite: Holly Suite is a facility for patients who require elective and non-elective procedures on a day case basis and also for patients transferred from external hospitals, including patients who have Acute Coronary Syndrome (ACS).

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

Funded establishment and actual staffing: (This does not include the Ward Manager)

FTE Sept 2013	FTE April 2014	FTE Dec 2014	FTE May 2015	Actual FTE
23.8	23.8	23.8	23.3	23.09

Planned staffing for the ward and step down recovery area required for each shift for Holly Suite:

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

Currently Monday, Wednesday and Thursday three registered nurses and an HCA work in the scope room due to training. One of the registered nurses has been promoted to sister and has significantly extended her role supporting the scope service which has released medical staff to see to poorly patients and train within their field of respiratory medicine.

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 at all times and an HCA on the early shift (also included in the numbers). Within the main body of the ward professional judgment suggests that there is a requirement for 5 registered staff and 2 HCAs to care for the changing cohorts of patients receiving treatment in Holly Suite. Currently there are 3 Assistant Practitioners working on the unit and due to the change in case mix, a number of patients daily pass through Holly Suite without any clinical input from a registered nurse. This has become increasingly difficult to manage. The scope room is now challenged with the issue of the band 4 nurses being unable to draw up medication during the procedure if this is required and it is therefore necessary to have a registered nurse to assist the medical staff. There is a requirement for Holly Suite to increase activity and a formal review of skill mix is taking place and will be submitted to the executive team for consideration and approval.

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

Bank and Agency Total:	Pay Year End Variance (underspends in brackets)
(Bank RN) £3,873	
(Bank Band 4 and below) £11,102	
(Agency RN) £11,030	
Total £26,005	(£24,224)

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

Bank and Agency Total:	Pay Year End Variance (underspends in brackets)
(Bank RN) £852	
(Bank Band 4 and below) £2,601	
(Agency RN) £0	
Total £3,453	(£822)

Patient Dependency Tool (AUKUH):

AUKUH WTE September 2013	AUKUH WTE April 2014	AUKUH WTE December 2014	AUKUH WTE April 2015
27.1	27.8	24.6	26.93

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

Level	September 2013	April 2014	December 2014	April 2015
0	16.2	16.55	13.1	10.5
1a	4.67	9.17	6.1	14.64
1b	1.13	1.73	1.4	1.7
2	0.07	0.1	0.2	0
3	0	0	0	0

Professional Judgement Tool:

Prof Judgement September 2013	Prof Judgement April 2014	Prof Judgement December 2014	Prof Judgement June 2015/ August
23.8	24.3	24.3	24.4

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
55/45	55/45	64/36	65/35

Registered Nurse to Bed Ratio per shift:

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

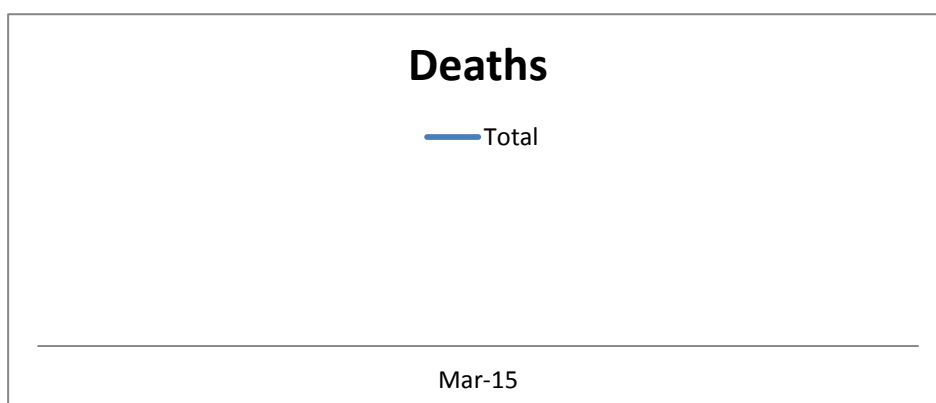
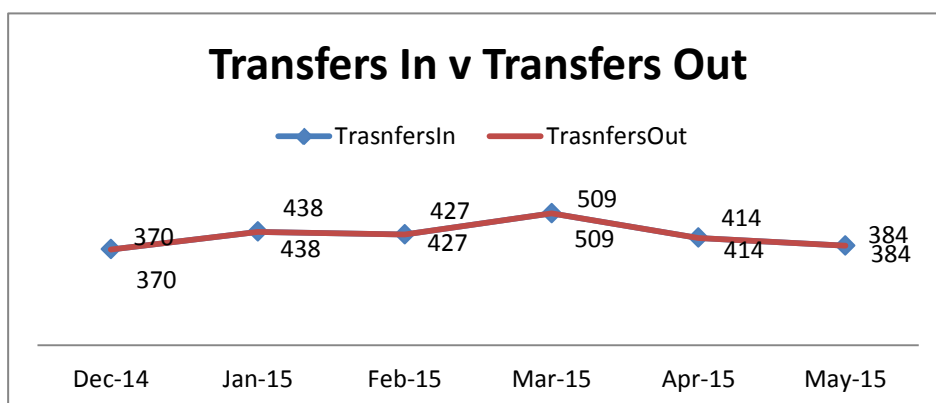
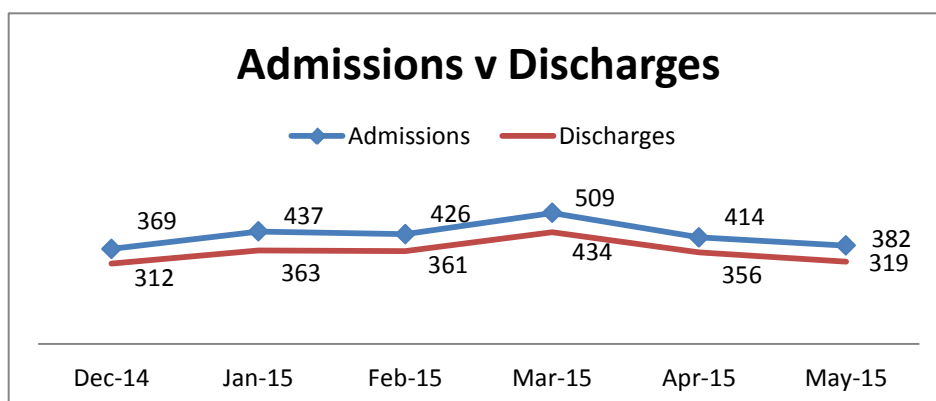
Workforce Information:

Absence rate % (May 2015)	Absence rate % (YTD)	YTD Turnover rate (YTD)	Mandatory Training % (May 2015)	PDRs % (May 2015)
13.12	14.22	0	90	96

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	82

Patient Flow Data:



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

	Number	Action
Medication Errors:	1	Administration error; IV paracetamol, not oral. No harm to patient. Action plan drawn up with staff nurse and signed off appropriately.
Falls	1	No harm to the patient.
Pressure ulcers	0	
Complaints	0	

Friends and Family Test:

Number completed Dec 2014 – June 2015	Average monthly net promoter score
760	100%

Verbatim comments made by patients:

- I was so anxious when I came in and all the staff have reassured me and made me feel at ease. Everyone was so kind and friendly.
- Considerate care that focused on the individual. Professional and friendly from the top down.
- I found the care second to none and the staff very professional in all ways and kept informed as to what was happening during my time there.
- Excellent care treated with such dignity
- I was extremely happy with care I received today, very professional and service provided was excellent from all members of the department.

Exception Report Summary:

Sickness and absence has been a challenge for staffing Holly Suite for this reporting period. Sickness is being managed as per trust policy. Bank has been utilised where possible and all shifts are monitored and deemed safe. Staff are flexible with their shift patterns to ensure optimum cover of shifts and to meet fluctuating demand.

There are several current service developments including the transfer from surgery of patients having a TAVI procedure planned for September 2015. Patients having a Patent Foramen Ovale (PFO) closure or Atrial Septal Defect (ASD) closure are also now being treated on Holly Suite. Cardioversion lists, provocation tests and bronchoscopies are now taking place on Holly Suite and all increased complexity of activity is supported with current establishment. This shift has increased the requirement for registered nurses as assistant practitioners cannot give medications/ transfusions or intravenous fluids and medication.

Nurse sensitive indicators do not give cause for concern and all shifts have been safe.

Coronary Care unit (CCU): The Coronary Care Unit (CCU) comprises of 10 individual 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 staffing (This does not include the Ward Manager)

FTE 2013	Sept	FTE 2014	April	FTE 2014	Dec	FTE May 2015	Actual FTE
43.75		43.75		42.13		47.6	40.83

Planned staffing required for each shift for CCU:

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

Monthly Staffing Reported to Unify and Trust Board:

	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015
RN Days(E/L)	98.3%	96.5%	95.4%	94.4%	91.3%	91%
RN Nights	90.3%	94.8%	91.3%	89.9%	91.9%	92.6%
HCA/AP Days (E/L)	52.9%	97.6%	85.6%	92.9%	118.2%	100%
HCA/AP Nights	92.6%	87.1%	89.3%	87.1%	73.3%	96.8%

Comments:

There is a requirement for 7 registered nurses on each shift, one of which is allocated to monitor trust wide telemetry and one nurse is required to act as coordinator in line with ICS recommendations. Bank and agency is utilised to manage fluctuations in acuity and occupancy and where required the nurse in charge will take on the dual role of telemetry to ensure the ward is safe.

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

Bank and Agency Total:	Pay Year End Variance (underspends in brackets)
(Bank RN) £53,952	
(Bank Band 4 and below) £25,038	
(Agency RN) £30,993	
(Agency Band 4 and below) £1,253	
Total £111,236	£60,415

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

Bank and Agency Total:	Pay Year End Variance (underspends in brackets)
(Bank RN) £6,436	
(Bank Band 4 and below) £5,608	
(Agency RN) £7,695	
Total £19,739	(£11,282)

Professional Judgement Tool:

Prof Judgement September 2013	Prof Judgement April 2014	Prof Judgement December 2014	Prof Judgement June 2015/ August
47.7	47.4	46.5	46.5

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

Registered Nurse to Bed Ratio per shift:

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

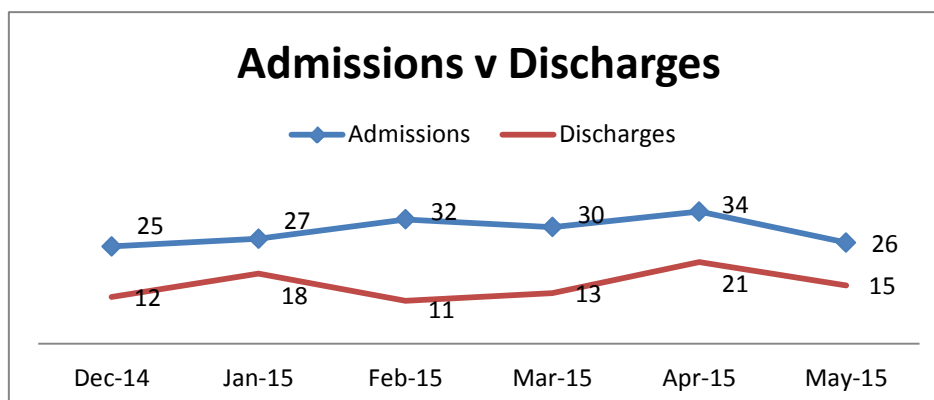
Workforce Information:

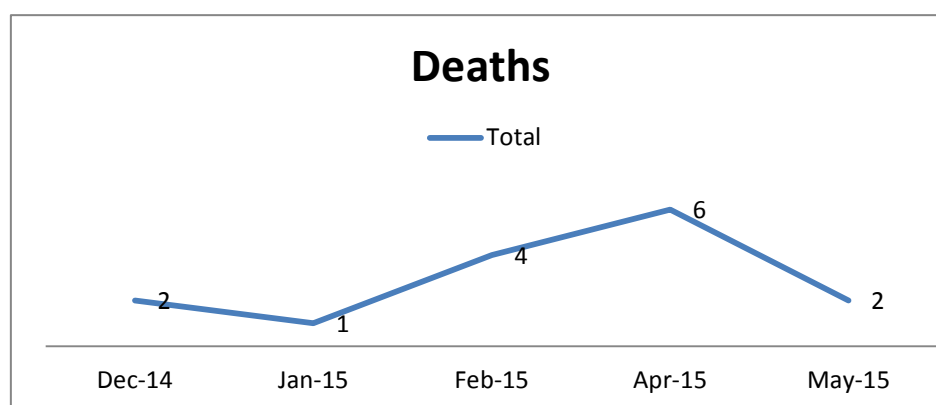
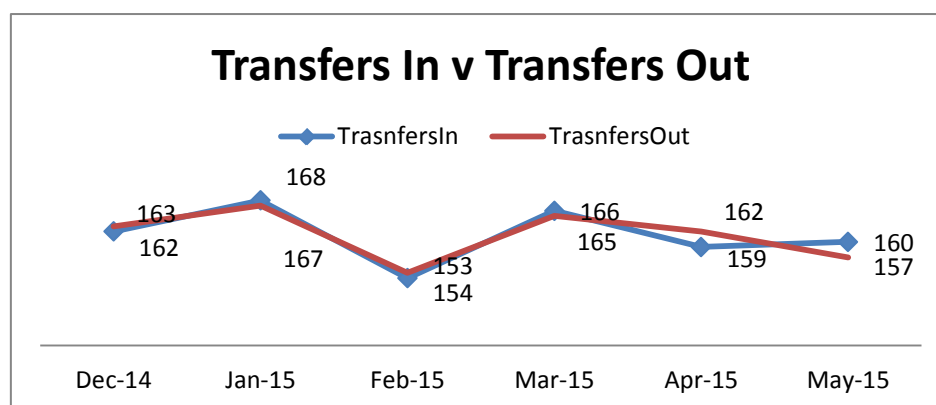
Absence rate % (May 2015)	Absence rate % (YTD)	YTD Turnover rate (YTD)	Mandatory Training % (May 2015)	PDRs % (May 2015)
4.77	3.79	12.8	96	83

Ward Occupancy Rates YTD:

	% Average Rate
Ward Occupancy	83

Patient Flow Data:





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

	Number	Action
Medication Errors:	10	4 prescribing errors, 4 administration errors, 1 dispensary error and 1 delay in administering antibiotic therapy. All errors were addressed appropriately and no patient harm occurred.
Falls	3	A reduction in falls from 5 in 2012 and 4 in 2013. Minor harm occurred to one patient.
Pressure ulcers	0	
Complaints	0	

Friends and Family Test:

There are very few discharges from CCU and the friends and family test is usually completed when the patient is on Birch Ward. The ward manager is scoping whether there is a way of making the test relevant to the patient cohort so that views can be captured to help drive improvement in standards of care.

Exception Report Summary:

All shifts have been monitored and nurse sensitive indicators do not give cause for concern. There was a whistleblowing incident in June 2015 to the Care Quality Commission (CQC) and this was investigated by the Director of Nursing and Quality, Head of Nursing and Ward Manager and responded to by the CEO. The CQC accepted the response. The Head of Nursing and Ward Manager have discussed the whistleblowing allegations with staff and listened to concerns. All staff have said they feel supported regarding the staffing of shifts and understand that sickness and absence is what has impacted on levels recently.

The Executive team have made a recent investment to support the increase of out of hours primary PCI service and bank and agency staff have been utilised until staff commence in post. To manage staffing per shift, work is currently being undertaken to assess acuity and dependency of patients on a shift by shift basis and this will be reviewed and reported on in the next workforce paper. Monitoring the level of patients if they are deteriorating is crucial to deciding on the correct place to nurse a patient and a standard operating procedure is in place to ensure the Cardiologist, Intensivist, Anaesthetist, coronary care unit and critical care medical and nursing staff are in agreement with the plan of care for each individual.

Vacancies are now recruited to, including the new recently invested posts agreed by the Executive Team. In the interim, bank and agency staff have been utilised where appropriate. All shifts are reported as being safe.

Catheter Laboratory (Cath Lab): Liverpool Heart and Chest Hospital Catheter Labs perform in excess of 6000 procedures per year. Cath Lab consists of 5 Labs, a forward wait area and a recovery area. 3 are Interventional labs and 2 are EP labs for heart rhythm management. The Lab provides a 24 hour emergency PPCI service (acute MI) across the region and a rescue PCI service to North Wales.

A recent workforce paper has resulted in an increased nursing establishment by 2.5 registered nurses and 2 ODP staff for the Cath Lab which has now been approved.

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

FTE Sept 2013	FTE April 2014	FTE Dec 2014	FTE May 2015	Actual FTE
20.38	20.22	19.09	23.59	19.10

Planned staffing required for each shift for Cath Lab:

Registered Nurses per day	11
Non Registered per day	2
On Call Registered Nurse	1

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

Bank and Agency Total:	Pay Year End Variance (underspends in brackets)
(Bank RN) £6,942	
(Bank Band 4 and below) £201	
(Agency RN) £70,315	
Total £77,458	£32,620

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

Bank and Agency Total:	Pay Year End Variance (underspends in brackets)
(Bank RN) £3,165	
(Bank Band 4 and below) £0	
(Agency RN) £27,072	
Total £30,237	£17,371

Professional Judgement Tool:

Prof Judgement April 2014	Prof Judgement December 2014	Prof Judgement June 2015/ August
23.1	23.1	24.01

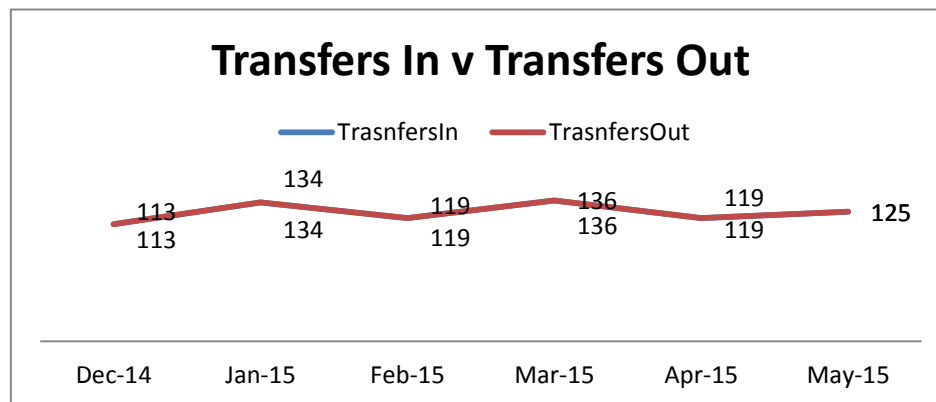
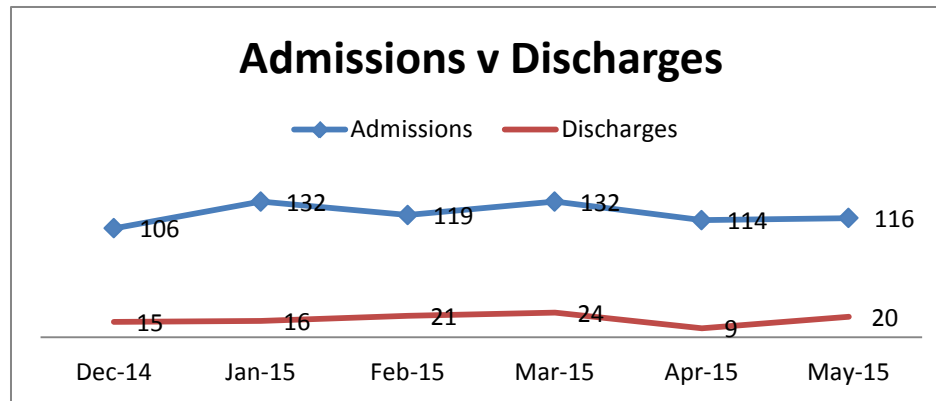
Registered Nurse /Health Care Assistant % split:

RN/HCA Split September 2013	RN/HCA Split April 2014	RN/HCA Split December 2014	RN/HCA Split June 2015
78/22	78/22	78/22	79/21

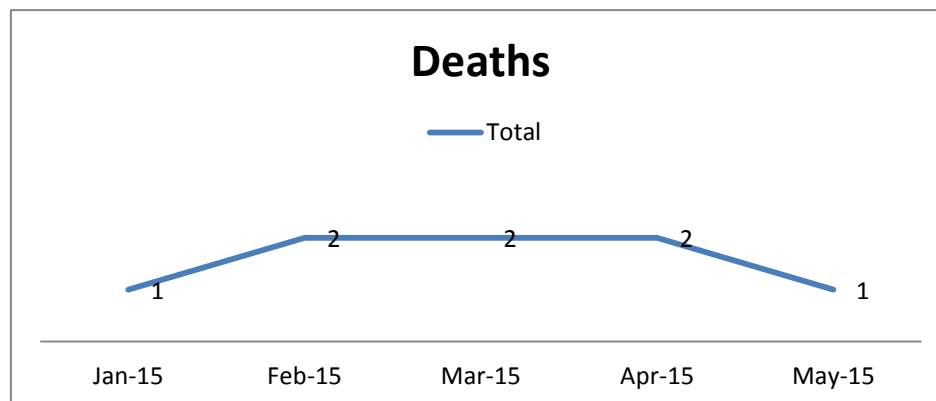
Workforce Information:

Absence rate % (May 2015)	Absence rate % (YTD)	YTD Turnover rate (YTD)	Mandatory Training % (May 2015)	PDRs % (May 2015)
3.95	3.79	7.1	96	70

Patient Flow Data:



N.B. Ward attenders do not come to the Cath Lab.



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

	Number	Action
Medication Errors:	0	
Falls	0	
Pressure ulcers	0	
Complaints	1	Patient complained of shoulder injury but complaint was not upheld.

Exception Report Summary:

Cath lab has been managed by two senior nurse managers running a pilot job share role for this reporting period. This is being evaluated and reviewed in September 2015. A band 7 post is being recruited into and this has taken time due to a shortage of skilled staff at this level applying.

The Cath lab has plans for increasing activity and the executive team have invested in staffing to support this. Work is being undertaken to develop services and in September 2015 the TAVI service will be provided within Cardiology.

Bank and agency staff have been utilised to ensure patient safety within the labs. Agency has been used due to the specific clinical skills required to work in the lab. All shifts have been safe.