

Appendix 5

Statement of case for the increase in leadership to include an additional band 6 on every ward

<u>Subject</u>	This SBAR details the requirement for a minimum of two band 6 nurses on every ward as part of the leadership structure.
<u>Background</u>	<p>As part of the ward establishment review there has been an assessment of the ward leadership structure.</p> <p>Learning from Covid has demonstrated that with a strong substantive leadership team the nursing team feel more supported, leading to improved working environment where our nurses and healthcare's feel supported.</p> <p>Over time there have been increases in the band 6 workforce to support with band 5 vacancy gaps, career and development opportunities, supporting the patient experience and patient care in busy clinical environments.</p> <p>An increase in band 6-7 leadership provides an opportunity to have a more senior nurse on duty across 7 days providing leadership and support to an increasingly junior and less experienced workforce.</p> <p>A band 6 nurse will hold additional competency and responsibility to support the coordination of the ward environment, completion of audit, improvement work and actively support the patient and staff experience.</p>
<u>Assessment</u>	<p>There is one ward that currently has 1 substantive band 7 and 1 substantive band 6. This is ward 19. In order to provide consistency across the ward areas a second band 6 would be required. This will provide 7 days a week leadership cover from the group of 3 leaders on the ward to help realise the benefits described above.</p> <p>The cost of this change is the difference of the band 5 nurse to the band 6 nurse as there is no change in staff numbers on the ward area but the skill mix available.</p>
<u>Recommendation</u>	Support the additional substantive employment of a band 6 nurse on ward 19 and maintain this requirement in nursing establishments moving forward for any new / developed areas.

Appendix 6

Statement of case for the funding for monitored beds on ward 21

<u>Subject</u>	This SBAR details the requirement for the funding of 6 Progressive care (PCU) beds within Ultra green surgical ward 21.
<u>Background</u>	<p>Ward 21 is a 7 day Ultra green Elective surgery ward providing care for patients undergoing surgery undertaken by all surgical specialities with the exceptions of Orthopaedics and ENT.</p> <p>Within this ward environment there is a requirement to have a number of PCU beds, these offer an enhanced care environment to monitor and manage post-operative patients after major surgery. This higher level of care is normally required for the first 24 – 48 hours after surgery.</p>
<u>Assessment</u>	<p>Enhanced monitoring within these PCU beds supports safe post-operative care for high risk patients due to multiple comorbidities, the requirement for complex or intensive levels of observation or post-operative treatments (PCAS, Epidurals, Multiple infusions, intercostal drains).</p> <p>The facility has a staff to patient ratio of 2 RN + 1 HCSW to 6 pts.(1:3)</p> <p>Without such a facility there are the following impacts on the Ultra green pathway:</p> <ul style="list-style-type: none">• Patients may experience significantly prolonged stays in the Ultra Green recovery delaying theatre lists• Post-operative Pain management treatments such as Epidurals or PCAS may not be offered which could increase LOS and increase the risk of post-operative complications• Patients may require admission to ICU as the only alternative monitoring location for ultra green patients.• If this is not possible due to a lack of bed availability they would either need to be cancelled on the day of surgery or step off the ultra green pathway increasing their risk of harm.• Patients admitted to ICU post operatively due to a requirement for Level 2/3 care would be delayed in terms of being able to step down to ward level care as a PCU facility offers early step down for ongoing monitoring. This impacts on critical care capacity for both elective and acute admissions.
<u>Recommendation</u>	The funding of these beds is recommended to support the Elective surgery recovery programme.

Appendix 7

Statement of case for the funding of a Deputy Matron (Band 7) for Speciality Medicine

<u>Subject</u>	This SBAR details the requirement for a Deputy Matron to support the Senior Nursing Leadership of the Speciality Medicine CBU.
<u>Background</u>	<p>There has been an increase in the responsibilities that the speciality medicine CBU Matron has leadership over.</p> <p>The CBU responsibility expanded within the pandemic which currently includes a second respiratory/covid ward and a covid respiratory high dependency unit (Ward 31) and a diabetes and endocrinology ward (ward 17).</p> <p>This is in addition to ward 22 – which is a Cardiology ward and a Coronary Care Unit (CCU), a Cardiology Day Case Unit (CDCU) and ward 23 – which is a Respiratory ward and a Respiratory High Dependency Unit (RHDU). Alongside this there are 10 CNS teams under direct leadership of the matron.</p> <p>During the pandemic the respiratory team have worked tirelessly in treating our covid and respiratory patients and since the ease of patients being admitted with covid the respiratory wards have been split to ensure a red covid ward and a green respiratory ward. This has had a noted negative impact on the wellbeing and morale of the respiratory nursing team.</p>
<u>Assessment</u>	<p>The request for a Deputy Matron would be to support the Matron for speciality medicine by leading on the respiratory aspect of the CBU – this would include – ward 23 / ward 31 and 3 of the CNS teams linking to the respiratory service. The Deputy Matron would be a supernumary post supporting the ward leadership teams and would take the lead on any further developments relating to covid inpatient care.</p> <p>This would enable the Matron to specifically focus on Cardiology and specialist medicine downstream and the remaining 7 CNS teams.</p>
<u>Recommendation</u>	<p>The Deputy Matron role for respiratory is vital in achieving the highest standards of care across our respiratory service and will be a key influencer in developing the CNS respiratory teams.</p> <p>The Deputy Matron will</p> <ul style="list-style-type: none">• Be a visible and authoritative leader throughout the service• Role model the trust values and mission to enhance our patients care and experience• Identify key areas and KPIs of focus to enhance patient care e.g.

	<p>pressure care, falls</p> <ul style="list-style-type: none"> • Close working with the senior nursing team with proactive discharge planning • Close working with external teams (MAIDT, Command Centre, ED etc.) to promote safe and timely patient placement, discharge and flow through the unit • Lead the nursing teams in developing strong pathways to enhance patient care • Lead on risk, quality and safety and patient experience • Develop the nursing leadership team to promote succession planning through direct clinical supervision and guidance • Develop the CNS teams to support reduction in inpatient stay <p>The request to trial a Deputy Matron would be funded through the current ward 31 budget by reducing a supernummary nurse in charge on the night shift. This would still keep a senior nurse (band 6) on each shift to support the leadership of the nursing teams.</p> <p>The Senior Nursing and Operational Leadership Team of the CBU recommend that the requirement for a Deputy Matron would enhance the quality of care and the patient journey. This would also lead to improved staff morale and their well-being.</p>
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Appendix 8

Statement of case for the funding for the 4th Deputy Associate Director of Nursing

<u>Subject</u>	This SBAR details the recommendation to support the substantive appointment to a 4 th Deputy Associate Director of Nursing (DADN) post.
<u>Background</u>	<p>The role of the Deputy Associate Director of Nursing was introduced in 2020.</p> <p>The role line manages the Matrons and provides support to the Associate Director of Nursing for patient safety, quality and experience. There are 3 DADNs in post substantively. As part of an acting arrangement a further DADN was in place to support across the planned and unplanned care</p> <p>With the recovery of the pandemic from a nursing workforce point of view and patient quality, safety and experience restart, the maintenance of a senior nurse in a substantive nursing leadership role will continue to support the trusts and nursing strategy.</p> <p>With the CBU restructure this role of responsibility can be adapted to suit the new structure.</p> <p>This helps bridge the gap between Matron and Associate Director of Nursing for career progression and opportunity.</p>
<u>Assessment</u>	<p>The concept has been tested with temporary funding. The increase in nursing support and leadership has been seen positively and is helping to progress the junior workforce and less experienced matrons' development in providing high quality patient care and experience.</p> <p>As part of the Care Group leadership team, to support the Associate Director of Nursing in providing leadership and strategic direction to all specialities and services within it.</p> <p>The DADN:</p> <ul style="list-style-type: none">• Is a key member of the care group management team, responsible for the delivery of clinical and professional standards and the development of nursing leadership capacity within the care group.• leads on a portfolio of work identified and delegated by the Associate Director of Nursing• Deputises for the Associate Director of Nursing when necessary, undertaking any responsibilities, as delegated.• Is a key member of the senior management team within the care group working closely with the Associate Director of Nursing and Heads of Clinical Service, playing a key role in the, development of services and service improvement.

	<ul style="list-style-type: none"> • provides nursing leadership and expert nursing advice throughout the care group, ensuring a high standard of patient care is delivered. • Assists the Associate Director of Nursing in leading nursing practice and developing innovative practice in relation to the provision of nursing services to patients. • Assists the Associate Director of Nursing and Clinical Directors, to deliver the Clinical Governance programme for the Care group. <p>The areas of cover and leadership include:</p> <p>Medicines management COSHH Sharps safety Medical devices CQC assurance Lead and chair of CBU CQC meetings for this portfolio CNS job planning reviews / sign off (for this portfolio group) UPC IP&C meeting (chair) Matron OOH quality & Staffing rota coordinator Rostering Confirm & Challenge Attendance management policy compliance with HR Monthly 1:1's with each Matron Monthly Budget meetings with Matrons & Finance Recruitment & retention Lead for portfolio group Establishment Review lead for portfolio group</p>
<u>Recommendation</u>	<p>Support the substantive employment of a band 8b DADN.</p> <p>The Senior Nursing Leadership Team recommends that maintaining a 4th DADN would enhance the implementation of the nursing strategy providing additional senior leadership and support to clinical areas. This would also lead to improved staff morale, opportunities for development and well-being.</p>