

United Lincolnshire Hospitals

NHS Trust

To:	Trust Board
From:	Michelle Rhodes, Director of Nursing
Date:	25 th August 2016
Essential Standards:	Health and Social Care Act 2008 (Regulated Activities) Regulation 18: Staffing

Title:	Monthly Nursing/Midwifery Workforce Assurance Paper										
Author/Responsible Director:	Michelle Rhodes, Director of Nursing Debrah Bates, Deputy Chief Nurse										
Purpose of the Report:	<p>This report provides information for the Board to demonstrate that ULHT has provided appropriate nurse staffing levels across all in-patient ward areas and that ULHT has appropriate systems in place to manage or mitigate patient safety risk.</p> <p>The report triangulates staffing levels against appropriate quality measures.</p>										
The Report is provided to the Board for:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 5px; width: 25%;">Decision</td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; padding: 5px; width: 25%;">Discussion</td> <td style="border: 1px solid black; width: 20px; text-align: center;">X</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">Assurance</td> <td style="border: 1px solid black; text-align: center;">X</td> <td style="border: 1px solid black; padding: 5px;">Information</td> <td style="border: 1px solid black; text-align: center;">X</td> </tr> </table>			Decision		Discussion	X	Assurance	X	Information	X
Decision		Discussion	X								
Assurance	X	Information	X								
Summary/Key Points:	Please refer to the report										
Recommendations:	Please refer to the report										
Strategic Risk Register Risk Ref: 2 and 4	Performance KPIs year to date <ul style="list-style-type: none"> To reduce reliance on agency staffing To ensure that nursing shifts are filled with the appropriate level of staff To reduce vacancy rates 										
Resource Implications (e.g. Financial, HR) Continued expenditure on Temporary Staffing, Potential increased expenditure on lower productivity, increased potential for claims and financial expenditure due to low quality care provision											
Assurance Implications:											
Patient and Public Involvement (PPI) Implications. Potential for increased complaints due to inability to achieve 100% fill rate and increased reliance on temporary staffing as a result of nurse vacancies											
Equality Impact											
Information exempt from Disclosure											

Requirement for further review?

1 Introduction

This report on ULHT Nurse Staffing contains information for the month of July 2016. The report provides information on staff in post, nurse vacancies and includes quality measures at ward level which are reported by exception.

2 ULHT Staffing Information

2.1 Safe Staffing

The table below shows the UNIFY Fill Rate Indicator, which is the Trust's overall percentage fill rate of Registered Nurses and Support Worker shifts day and night compared to planned numbers for July 2016. The table reports that the fill rate has remained fairly static for both day and night shifts and this trend is noted both at Trust wide and site level.

Table One: ULHT NQB Average Fill Rates for Registered and Unregistered Staff July 2016

Day		Night	
Average Fill rate- Registered Nurses/ Midwives (%)	Average fill rate – care staff (%)	Average Fill rate- Registered Nurses/ Midwives (%)	Average fill rate – care staff (%)
89.84 (91.64)	98.34 (91.64)	98.03 (97.16)	101.41 (101.55)

Table Two provides a breakdown of fill rate on each hospital site (excluding Louth as no wards require data submission) with the previous months in brackets.

Table Two: NQB Average Fill Rates for Registered and Unregistered Staff June 2016 by Hospital Site

Site	Day		Night	
	Average Fill rate- Registered Nurses/ Midwives (%)	Average fill rate – care staff (%)	Average Fill rate- Registered Nurses/ Midwives (%)	Average fill rate – care staff (%)
GDH	87.19 (87.75)	93.31 (93.40)	96.75 (94.56)	88.07 (90.83)
LCH	90.83 (93.29)	94.99 (94.82)	96.81 (95.33)	99.48 (98.83)
PHB	89.10 (90.29)	103.66 (104.65)	100.41 (100.94)	107.42 (107.96)

A full breakdown is available in Appendix 1 which provides the ward staffing dashboard. The following hotspots are highlighted on the dashboard:

- Paediatric Ward 4A (PHB) / Nocton (SCBU)– there continues to be significant concerns around the fill rates in these areas. There continues to be discussion around this with the business unit, as was reported in this report in July 2016. 5 beds remain closed on 4A and further beds are closed if staffing levels drop, the teams flex beds up and down depending on the staffing levels. The service is also exploring different models of care for example additional nursery nurses and play workers. 10 cots remain closed on Nocton.

- At Lincoln, areas such as Ashby, Carlton-Coleby, and Johnson are showing high levels of fill rates for unregistered staff which reflects the acuity of patients and need for enhanced care shifts in these areas. Johnson has also been filling gaps in rotas with unregistered staff where acuity and skill mix has allowed.

3.0 Care Hours Per Patient Day (CHPPD)

The Trust continues to submit Care Hours Per Patient Day (CHPPD) data via the Unify system. From October National data will be published which will allow the Trust to benchmark itself against other similar Trusts. Added to this the Trust is being asked to submit information regarding the cost that is incurred per CHPPD which will be reported in future months and will allow for comparisons between Trusts.

4 Staffing Information

4.1 Vacancies

The current vacancy position continues to be a main focus and challenge in delivering the staffing needs of the wards and departments. Table 3 reports latest vacancies rates, which shows a slight increase in the number of RN and HCSW vacancies in July compared to August.

Table Three: July 2016 current vacancy position

VACANCY POSITION	Apr-16		May-16		Jun-16		Jul-16	
	Data from Payroll		Data from Payroll		Data from Payroll		Data from Payroll	
	R	UR	R	UR	R	UR	R	UR
Lincoln	135.27	21.11	138.25	25.69	137.87	28.45	142.26	27.21
Pilgrim	98.86	19.01	97.44	23.65	101.49	26.29	106.77	36.31
Grantham	28.00	6.83	26.36	5.56	31.42	5.60	26.87	5.76
Main Site Nursing & Midwifery Sub-total	262.13	46.95	262.05	54.90	270.78	60.34	275.90	69.28
Louth	3.42	3.00	3.42	3.00	2.33	3.00	2.33	2.30
Paediatrics & Neonatal	30.18	7.33	30.37	4.53	30.93	2.45	29.90	2.71
Obs & Gynae	23.39	1.38	25.36	2.14	22.82	5.81	21.25	6.48
Diagnostics	7.33	-0.08	6.20	-0.21	5.80	1.20	5.41	1.20
Corporate Nursing – All Sites	9.16	4.07	8.11	3.07	11.35	0.71	10.82	0.84
Specialist Nursing – All Sites	-5.33	0.40	-2.66	0.40	-5.66	-0.60	-3.76	-0.60
Nursing & Midwifery Sub-total	330.28	63.05	332.85	67.83	338.35	72.91	341.85	82.21
Physiotherapy	8.92	-1.59	11.77	-1.59	10.77	-0.59	13.07	3.09
Occupational Therapy	6.70	2.06	6.95	1.06	8.35	-0.45	8.93	0.40
Dietetics	2.00	0.00	2.00	0.00	2.00	0.00	1.96	0.00
Total	347.90	63.52	353.57	67.30	359.47	71.87	365.81	85.70
Nursing & Midwifery Changes	3.53%	7.50%	4.34%	15.65%	2.44%	15.64%	1.03%	12.76%
-VE : Reduced Vacancy								
+VE : Increased Vacancy								

4.2 Recruitment

Efforts to reduce nursing vacancies through recruitment continue, with some areas having a rolling programme of adverts which have achieved successful appointments. The overseas recruitment process continues and we are aware of those who are progressing through the gateways. 2 Nurses are expected from the Philippines in September with a further 3 in October.

103 NQNs have been offered posts at ULHT to start in September 2016 of which 99 have confirmed they will be starting.

10 international nurses who are qualified in their own country but not eligible to register with the NMC in the UK have been identified working within the Trust and have been encouraged & supported to apply for a pilot programme run by Leicester University who will support them through their IELTS course. This being the first stage of enabling them to apply for NMC registration.

The Trust has been advised that HEE and the NMC have identified nurses within the general population who have allowed their registration to lapse and have written to them encouraging them to apply for a Return to Practice course. It has been identified that within the Lincolnshire area 989 letters have been sent out to ex-registrants. The clinical education team are putting a plan in place to manage any potential enquiries.


4.3 Reducing Reliance and Expenditure on Agency Staff

Further work has been undertaken to identify additional milestones that will assist on recovering the shortfall encountered at the end of Q1, and ensuring that the target savings are delivered. These include changing current Healthroster practices of signing off rotas in a timely manner. A range of incentive packages to encourage registered staff to join the bank has also been worked up and is being presented to ET.

Along with the booking of unregistered agency shifts, all tier 5 agency use has now stopped and we have been successful in working with our Agency colleagues in supporting them to deliver according to the Agency Framework.

The nurse bank office is also working with agencies to look at areas where we can block book staff. This is being encouraged in areas such as A&E and Theatres as a safety and quality measure.

Table Four: Summary of July figures against Agency (framework and cap)

Staff Group	Week Commencing 	11/07/2016	18/07/2016	25/07/2016	01/08/2016	08/08/2016	15/08/2016
Nursing, Midwifery & Health Visiting	Framework only	125	110	97	54	52	34
Nursing, Midwifery & Health Visiting	Price cap only	496	575	556	531	549	494
Nursing, Midwifery & Health Visiting	Both framework & price cap	59	52	52	5	5	5
Healthcare assistant and other support	Framework only	0	0	0	0	0	0
Healthcare assistant and other support	Price cap only	0	0	0	0	0	2
Healthcare assistant and other support	Both framework & price cap	0	0	0	0	0	0

The senior nurses are exploring new models of working utilising pharmacist technicians, assistant practitioners etc. The Trust is also taking part in a joint funding bid through HEE(EM) to apply to become a test-bed site for the Nursing Associates programme. Test bed sites will be announced at the end of September 2016.

4.4 Retention

A number of work streams are being explored and developed in an attempt to retain, recognise and reward the continued efforts that we rely on from our existing staff. These include

- A range of incentive packages for our single and dual contracted bank staff
- A support package for agency nurses who work within our trust that will include regular contact and updates through a variety of media settings, induction and information packs, and an accreditation scheme whereby they can accrue 'tokens' through continued working in our Trust. The tokens can then be used to access our in-house training events.
- Re-energisation of the Associate Practitioner role within the Trust and exploration of future opportunities for this role
- Planning for the Nursing degree apprenticeship cohort expected to begin March 2017

5.0 Recommendations

The board is requested to:

- Note the content of the report and the information presented in relation to the vacancy position, staffing fill rates and the workforce dashboard.
- Note the mitigation that has been taken in the hotspot areas

Appendix One: July 2016 Workforce Dashboard

Safe Staffing Performance Dashboard - July 2016													
Ward Level Staffing - Average Fill Rates for month July 2016													
SITE/ Ward	Actual Fill Rates for Staffing				Staffing Levels Vs Activity/Acuity	CHPPD	Patient Safety				Patient Experience		
	Day		Night				Si's	Falls with Harm (Moderate, Severe and Death)	Grade 3/4 PU	Med Errors	New ST Harm Free %	Complaints	FFT
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)									
GRANTHAM DISTRICT HOSPITAL													
Ward 1	92.3%	89.5%	97.8%	86.1%	High vacancy rate unable to	6.0	0	0	0	100%	0	100%	
Ward 2	75.5%	103.6%	94.6%	95.2%	High vacancy rate unable to	5.2	0	0	3	100.00%	0	94%	
Ward 6	97.9%	93.0%	98.4%	83.9%		6.8	0	1	0	92.00%	0	89%	
EAU	90.0%	93.3%	99.3%	87.2%		6.0	0	0	0	100.00%	0	83%	
Critical Care Unit	82.9%	63.5%	94.2%	-	High vacancy rate - some beds	21.8	0	0	0	100.00%	0	100%	
LINCOLN COUNTY HOSPITAL													
Ashby	91.1%	143.7%	101.7%	193.7%	shifts correspond to accuity levels and need for enhanced care	8.2	0	0	0	1	100.00%	0	83%
Bardney	86.4%	98.2%	97.3%	92.6%		12.0	0	0	0	2		0	100%
Branston	83.1%	65.5%	100.0%	96.8%	HCSW not always replaced by Bank	9.3	0	0	0	0	100.00%	2	83%
Burton	90.2%	91.0%	100.2%	98.3%		5.8	0	0	1	0	100.00%	0	97%
Carlton Coleby	93.5%	99.4%	129.2%	114.7%	shifts correspond to accuity levels and need for enhanced care	6.5	0	0	0	3	100.00%	0	88%
Clayton	96.0%	96.5%	100.3%	100.0%		5.8	0	0	0	1	96.00%	0	98%
Dixon	98.5%	110.9%	101.0%	119.6%	Temporary uplift to template to manage additional beds and enhanced care	5.1	0	0	0	2	97.00%	1	89%
Digby	96.6%	112.4%	97.9%	90.3%	Staff have been rostered and redeployed to other areas to manage annual leave	4.9	0	1	0	1	100.00%	0	88%
Greetwell	91.1%	100.2%	97.8%	103.2%		4.8	0	0	0	3	100.00%	0	75%
Hatton	85.8%	90.6%	95.8%	107.5%		5.6	0	0	0	0	92.00%	0	100%
ICU	87.0%	50.5%	86.1%	19.4%	HCSW not always replaced by Bank	24.7	0	0	0	4	100.00%	1	
Johnson	82.9%	128.0%	99.4%	118.1%	Shift fill rates correspond to accuity and dependency	12.7	0	2	1	4	90.00%	0	95%
Lancaster	95.6%	96.0%	101.7%	103.3%		5.9	0	0	0	0	95.00%	0	100%
Navenby	94.7%	103.5%	100.0%	98.1%		5.5	0	0	0	4	96.00%	0	100%
Nettleham	92.8%	90.7%	97.1%	88.0%		2.1	0	0	0	3		0	86%
Neustadt Welton	96.2%	111.5%	100.1%	96.8%	Temporary uplift to template to manage additional beds	5.4	0	1	0	2	100.00%	0	86%
Nocton	96.1%	50.2%	80.0%	52.3%	10 cots remain closed	13.3	0	0	0	1		1	
Rainforest	108.8%	115.4%	97.7%	148.2%	High levels of HCSW due to temporary uplift in template	11.0	0	0	0	1		0	98%
Shuttleworth	88.9%	93.2%	100.0%	94.7%		6.6	0	0	0	3	83.00%	0	100%
Stroke Unit	83.9%	94.0%	97.6%	106.2%		6.7	0	1	0	3	96.00%	0	86%
Waddington Unit	93.7%	77.3%	96.6%	83.2%	High levels of sickness in HCSW	4.9	0	1	0	1	89.00%	0	87%
MEAU	92.1%	91.0%	96.7%	96.1%		14.3	0	0	0	0	95.00%	2	88%
SEAU	87.4%	91.3%	99.4%	93.5%		7.5	0	0	0	2	100.00%	1	79%
PILGRIM HOSPITAL, BOSTON													
Acute Cardiac Unit (formerly Coronary Care Unit)	98.9%	100.0%	100.2%	103.2%		7.6	0	0	0	3	100.00%	0	92%
Labour Ward	72.5%	90.5%	102.7%	87.9%		12.2	0	0	0	0		0	
Neonatal	84.5%	140.5%	83.2%	158.7%	Template not been changed to accommodate different model being used	23.3	0	0	0	0		0	
Stroke Unit	96.7%	112.3%	99.4%	123.2%	HCSW and AP shifts being used where safe to cover RN gaps	7.1	0	2	0	0	96.00%	1	100%
3A	94.6%	124.1%	100.0%	107.9%	Authorised use of additional staff in the afternoon to manage medical outliers	6.1	0	0	0	2	100.00%	0	89%
3B	97.9%	105.4%	95.7%	123.8%	Enhanced care needs have resulted in staffing fill rates	6.2	0	0	1	2	97.00%	0	75%
Paediatric Ward - 4A	65.1%	57.6%	74.0%	48.4%	5 beds remain closed and alternative models of care are being explored	14.0	0	0	0	3		1	100%
5A	90.6%	116.6%	94.7%	113.2%		7.7	0	1	0	0	100.00%	0	94%
5B	82.1%	115.6%	97.9%	93.4%		7.1	0	0	0	1	87.00%	1	95%
6A	95.3%	103.3%	100.0%	146.7%	Escalation beds open	6.4	0	1	1	0	88.00%	0	86%
6B	97.2%	104.3%	97.9%	138.5%	Escalation beds open	6.4	0	0	0	2	100.00%	1	89%
7A	80.7%	91.4%	98.4%	99.9%		5.4	0	0	0	2	100.00%	0	86%
7B	97.9%	94.0%	101.4%	113.9%		7.1	0	2	0	4	96.00%	1	69%
8A	105.9%	132.0%	159.2%	124.5%	Escalation beds open plus a clinic is being run from this area which is not staffed in the template	5.8	0	1	1	1	96.00%	0	63%
M2	93.1%	97.5%	101.3%	99.5%		8.3	0	0	0	0	96.00%	0	80%
AMU (formerly CDU)	83.9%	105.0%	122.3%	90.6%	High levels of enhanced care being facilitated	8.9	0	2	0	6	100.00%	4	81%
Bostonian	80.7%	130.4%	101.5%	112.7%		7.0	0	0	0	0	100.00%	1	90%
ITU	88.8%	107.8%	97.1%	21.1%		31.3	0	0	2	0	88.00%	0	

Appendix 2:

Agency expenditure against trajectory

The table below describes the actual agency nursing spend by month compared with the trajectory. As at end of July 16 there is an overspend of £87,133.

Target:	7,629,896
Trajectory Start Month:	Apr '16
Trajectory End Month:	Mar '17

Objective: Actual £ spent to be BELOW the trajectory

Summary	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Agency Usage (£)	845,713	1,070,809	1,006,769	812,842								
Monthly Trajectory	908,000	914,000	921,000	906,000	957,000	774,000	484,000	535,000	451,000	294,896	217,000	268,000
Difference from Trajectory	-62,287	156,809	85,769	-93,158	-957,000	-774,000	-484,000	-535,000	-451,000	-294,896	217,000	268,000

