

United Lincolnshire Hospitals

NHS Trust

To:	Trust Board
From:	Michelle Rhodes, Director of Nursing
Date:	
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 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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Decision</td> <td style="width: 5%;"></td> <td style="width: 50%; text-align: center;">Discussion</td> <td style="width: 5%; text-align: center;">X</td> </tr> <tr> <td style="text-align: center;">Assurance</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Information</td> <td style="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 August 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 August 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: NQB Average Fill Rates for Registered and Unregistered Staff August 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 (%)
87.56 (89.84)	99.14 (98.34)	96.81 (98.03)	98.77 (101.41)

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 August 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	85.44% (87.19%)	96.49% (93.31%)	92.30% (96.75%)	91.15% (88.07%)
LCH	89.19% (90.83%)	97.26% (94.99%)	95.77% (96.81%)	99.22% (99.48%)
PHB	85.91% (89.10%)	102.08% (103.66%)	99.73% (100.41%)	100.06% (107.42%)

A full breakdown is available in Appendix 1 which provides the ward staffing dashboard. Please note that the rating thresholds have been recently updated, a key of which is also included at the end of this report.

The following hotspots are highlighted on the dashboard:

- Carlton Coleby Ward LCH: There has been a temporary uplift in template to accommodate increased acuity being experienced on the ward.
- Johnson ward LCH: There has been a temporary uplift in template to accommodate increased activity and acuity. A Band 6 has been identified to deliver additional training and education. A good system has been developed for information sharing across the team looking at learning from incidents.
- SEAU LCH: The 3 medication errors noted on the dashboard are all being investigated individually, and lessons learned will be discussed at ward meetings.
- Dixon LCH: there has been a recent risk summit on the ward to look at skill mix, staffing and agency usage. Agreement has been given to block book regular agency staff. Also discussions have been commenced with pharmacy who previously removed some services from the ward with the intention of exploring whether those services can be re-instated.
- Whilst the total number of falls remains highest at the Lincoln site, there has been a reduction in falls resulting in serious harm.
- Medication errors appear to have fallen on MEAU from 15 (July 16) to 8 (August) which is worth noting given the area is currently piloting the pharmacy technician role.

3 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. It will also be possible for us to compare CHPPD in similar areas across our 3 sites.

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. The impact made on these figures by the newly qualified nurses will be evident in next month's report.

Table Three: August 2016 current vacancy position

VACANCY POSITION	Apr-16		May-16		Jun-16		Jul-16		Aug-16	
	Data from Payroll		Data from Payroll		Data from Payroll		Data from Payroll		Data from Payroll	
	R	UR	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	161.68	40.91
Pilgrim	98.86	19.01	97.44	23.65	101.49	26.29	106.77	36.31	120.68	47.28
Grantham	28.00	6.83	26.36	5.56	31.42	5.60	26.87	5.76	30.92	4.76
Main Site Nursing & Midwifery Sub-total	262.13	46.95	262.05	54.90	270.78	60.34	275.90	69.28	313.28	92.95
Louth	3.42	3.00	3.42	3.00	2.33	3.00	2.33	2.30	2.02	2.30
Paediatrics & Neonatal	30.18	7.33	30.37	4.53	30.93	2.45	29.90	2.71	32.59	2.83
Obs & Gynae	23.39	1.38	25.36	2.14	22.82	5.81	21.25	6.48	29.73	7.68
Diagnostics	7.33	-0.08	6.20	-0.21	5.80	1.20	5.41	1.20	5.03	2.00
Corporate Nursing – All Sites	9.16	4.07	8.11	3.07	11.35	0.71	10.82	0.84	13.24	0.76
Specialist Nursing – All Sites	-5.33	0.40	-2.66	0.40	-5.66	-0.60	-3.76	-0.60	-0.34	-0.60
Nursing & Midwifery Sub-total	330.28	63.05	332.85	67.83	338.35	72.91	341.85	82.21	395.55	107.92
Physiotherapy	8.92	-1.59	11.77	-1.59	10.77	-0.59	13.07	3.09	14.79	8.57
Occupational Therapy	6.70	2.06	6.95	1.06	8.35	-0.45	8.93	0.40	9.43	0.62
Dietetics	2.00	0.00	2.00	0.00	2.00	0.00	1.96	0.00	1.96	0.00
Total	347.90	63.52	353.57	67.30	359.47	71.87	365.81	85.70	421.73	117.11
Nursing & Midwifery In Post	1,922.69	816.56	1,923.14	812.51	1,915.90	810.56	1,915.34	809.66	1,888.86	809.75
Nursing & Midwifery Vacancy Changes	3.53%	7.50%	4.34%	15.65%	2.44%	15.64%	2.70%	21.20%	15.71%	31.27%
-VE : Reduced Vacancy										
+VE : Increased Vacancy										

4.2 Recruitment

Efforts to improve on recruitment continuing and we are happy to report that 100 newly qualified nurses started within the Trust in September AND the first 2 of our Filipino nurses have arrived safely in the UK on the 22nd September 2016 .

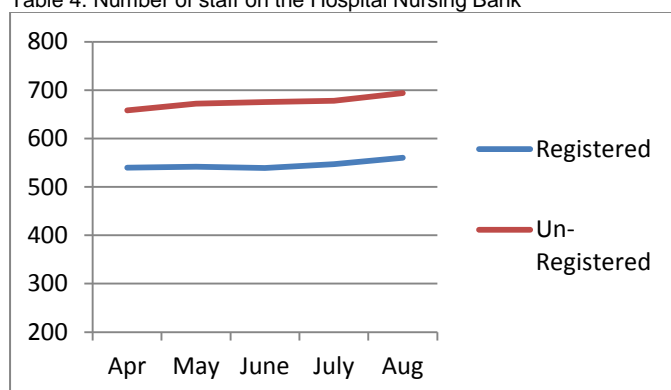
More nurses are expected from the Philippines in October.

Unfortunately, none of the 10 international nurses who are qualified in their own country but not eligible to register with the NMC in the UK passed the entry exam which would have enabled them to access a preparation for IELTS programme run by Leicester University. We are currently working through a number of options that are available to us to support them further to apply for IELTS and ultimately NMC registration.

4.3 Reducing Reliance and Expenditure on Agency Staff


We are seeing a steady increase in numbers of our staff joining the nurse bank (see table 4), and have recently met with 2nd year student nurses to extend the offer to them.

Table 4. Number of staff on the Hospital Nursing Bank



The nurse bank office is working with nursing agencies to look at areas where we can block book registered nursing staff for those wards with the most vacancies. This will help provide consistency in those areas.

Table Five: Summary of August figures against Agency (framework and cap)

Staff Group	Week Commencing 	01/08/2016	08/08/2016	15/08/2016	22/08/2016	29/08/2016	05/09/2016
Nursing, Midwifery & Health Visiting	Framework only	54	52	34	35	37	37
Nursing, Midwifery & Health Visiting	Price cap only	531	549	494	469	479	471
Nursing, Midwifery & Health Visiting	Both framework & price cap	5	5	5	6	11	10
Healthcare assistant and other support	Framework only	0	0	0	0	0	0
Healthcare assistant and other support	Price cap only	0	0	2	3	2	4
Healthcare assistant and other support	Both framework & price cap	0	0	0	0	0	0

The nursing teams continue to explore opportunities for new ways/ models of working. We have recently introduced a Registered Mental Health Nurse to the Pilgrim nursing team and continue to evaluate the benefits behind this.

5 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: August 2016 Workforce Dashboard

Metrix	Red	Amber	Green
Falls	1 or more serious	Any moderate	No Falls
Grade 4 PU	1	1 Nil	1 Nil
Med errors	1	1 to 3	Nil
Complaints	1	1 Nil	1 Nil
FFT	<90%	91-95%	>95%

Safe Staffing Performance Dashboard - AUGUST 2016													
Ward Level Staffing - Average Fill Rates for month AUGUST 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	90.4%	92.6%	96.9%	96.0%	High vacancy rate unable to	6.0	0	0	0	1	100%	0	92%
Ward 2	75.9%	104.6%	92.7%	81.4%	High vacancy rate unable to	5.2	0	0	0	1	100.00%	2	86%
Ward 6	95.5%	94.5%	100.0%	90.3%		6.8	0	0	0	2	100.00%	0	100%
EAU	88.5%	99.2%	96.9%	96.8%		6.0	0	0	0	1	100.00%	0	87%
Critical Care Unit	77.9%	76.7%	77.5%	-	High vacancy rate - some be	21.8	0	1	0	0	100.00%	0	0%
LINCOLN COUNTY HOSPITAL													
Ashby	90.3%	157.6%	98.4%	183.6%	shifts correspond to accuity levels and need for enhanced care	8.2	0	0	0	1	92.00%	0	100%
Bardney	85.8%	91.7%	95.5%	96.8%		12.0	0	0	0	1	n/c	0	88%
Branston	65.2%	65.2%	95.2%	80.6%	HCSW not always replaced by Bank	9.3	0	0	0	0	100.00%	0	83%
Burton	82.8%	98.7%	99.0%	98.4%		5.8	0	0	1	0	100.00%	0	100%
Carlton Coleby	94.5%	103.0%	130.3%	120.4%	shifts correspond to accuity levels and need for enhanced care	6.5	0	1	0	2	93.00%	0	81%
Clayton	94.7%	93.3%	99.3%	100.0%		5.8	0	2	0	0	96.00%	1	90%
Dixon	109.8%	118.1%	101.1%	99.4%	Temporary uplift to template to manage additional beds and enhanced care	5.1	0	2	0	1	93.00%	0	93%
Digby	96.2%	116.2%	97.9%	100.0%	Staff have been rostered and redeployed to other areas to manage annual leave	4.9	0	0	0	1	89.00%	1	80%
Greetwell	88.9%	91.9%	98.9%	96.8%		4.8	0	0	0	2	100.00%	0	74%
Hatton	86.8%	91.4%	92.7%	101.2%		5.6	0	0	0	4	93.00%	0	100%
ICU	88.0%	54.8%	83.6%	9.7%	HCSW not always replaced by Bank	24.7	0	0	0	3	92.00%	0	100%
Johnson	88.7%	119.4%	98.9%	123.0%	Shift fill rates correspond to accuity and dependency	12.7	0	0	1	3	95.00%	1	100%
Lancaster	93.3%	94.9%	98.5%	95.2%		5.9	0	0	0	1	95.00%	1	100%
Navenby	94.9%	110.6%	101.2%	102.9%		5.5	0	0	0	0	70.00%	0	71%
Nettleham	102.2%	91.8%	102.2%	87.4%		2.1	0	0	0	3	n/c	0	86%
Neustadt Welton	95.0%	113.0%	100.1%	102.9%	Temporary uplift to template to manage additional beds	5.4	0	0	1	2	96.00%	0	95%
Nocton	88.6%	58.9%	75.6%	56.7%	10 cots remain closed	13.3	0	0	0	2	n/c	0	n/c
Rainforest	98.9%	155.1%	99.4%	161.3%	High levels of HCSW due to temporary uplift in template	11.0	0	0	0	3	n/c	1	97%
Shuttleworth	86.2%	87.7%	99.2%	94.2%		6.6	0	0	0	1	78.00%	0	100%
Stroke Unit	84.0%	95.7%	97.6%	96.7%		6.7	0	0	0	0	100.00%	0	83%
Waddington Unit	92.1%	80.1%	100.7%	87.4%	High levels of sickness in HCSW	4.9	0	0	0	1	100.00%	0	91%
MEAU	85.1%	91.2%	94.3%	101.3%		14.3	0	0	0	3	100.00%	0	79%
SEAU	86.4%	93.5%	98.1%	98.3%		7.5	0	1	0	3	100.00%	0	69%
PILGRIM HOSPITAL, BOSTON													
Acute Cardiac Unit (formerly Coronary Care Unit)	98.5%	95.3%	100.1%	96.8%		7.6	0	0	0	1	100.00%	0	92%
Labour Ward	112.2%	83.3%	102.6%	98.5%		12.2	0	0	0	0	n/c	0	0%
Neonatal	81.3%	129.0%	82.9%	151.6%	Template not been changed to accommodate different model being used	23.3	0	0	0	0	n/c	0	n/c
Stroke Unit	99.6%	113.8%	90.5%	107.8%	HCSW and AP shifts being used where safe to cover RN gaps	7.1	0	0	0	2	100.00%	0	93%
3A	95.3%	135.0%	98.5%	121.8%	Authorised use of additional staff in the afternoon to manage medical outliers	6.1	0	0	0	1	100.00%	1	84%
3B	90.9%	93.5%	98.9%	100.5%	Enhanced care needs have resulted in staffing fill rates	6.2	0	0	1	2	92.00%	1	80%
Paediatric Ward - 4A	61.7%	63.3%	99.9%	50.0%	5 beds remain closed and alternative models of care are being explored	14.0	0	0	0	0	n/c	0	60%
5A	88.5%	109.0%	100.7%	111.8%		7.7	0	0	0	1	100.00%	0	86%
5B	76.5%	120.5%	100.0%	96.6%		7.1	0	0	1	1	100.00%	0	90%
6A	76.1%	102.5%	95.8%	92.4%	Escalation beds open	6.4	0	0	0	0	96.00%	0	100%
6B	88.7%	104.8%	99.0%	100.6%	Escalation beds open	6.4	0	1	0	2	100.00%	0	98%
7A	82.2%	99.4%	100.0%	96.6%		5.4	0	0	1	0	100.00%	1	82%
7B	97.4%	89.1%	108.4%	104.8%		7.1	0	1	0	0	100.00%	0	68%
8A	104.5%	128.5%	146.9%	122.4%	Escalation beds open plus a clinic is being run from this area which is not staffed in the template	5.8	0	0	0	1	97.00%	0	67%
M2	94.7%	94.3%	96.8%	100.8%		8.3	0	0	0	1	100.00%	0	85%
AMU (formerly CDU)	74.0%	91.7%	115.9%	100.8%	High levels of enhanced care being facilitated	8.9	0	0	0	0	100.00%	0	79%
Bostonian	79.9%	129.0%	99.9%	112.9%		7.0	0	0	0	2	100.00%	0	90%
ITU	86.0%	109.7%	89.5%	24.8%		31.3	0	0	0	0	100.00%	0	n/c

**Appendix 2:
Agency expenditure against trajectory**

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	1,178,267							
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	221,267	-774,000	-484,000	-535,000	-451,000	-294,896	217,000	268,000

