

To:	Public Trust Board
From:	Michelle Rhodes Chief Nurse
Date:	30 December 2015
Healthcare standard	CQC Outcome 13 Staffing, S11

Title:	Monthly Staffing Report						
Responsible Director: Paper prepared by Elizabeth Ball Deputy Chief Nurse for Michelle Rhodes Chief Nurse							
Purpose of the Report:							
<p>The purpose of this report is to provide the board with an overview of actual nursing and midwifery staffing fill rates of inpatient areas against planned and the current vacancy position.</p> <p>It also details mitigation taken where fill rates are not meeting required level.</p>							
The Report is provided to the Board for:							
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Assurance	x						
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Summary/Key Points:							
<ul style="list-style-type: none"> • 6 areas had Registered fill rates below 80% (against planned bed base) • 6 areas had Unregistered fill rates below 80% (against planned bed base) • 7 areas have not met fill rates for 3 months and action has been taken to mitigate. • A risk tool (red flag system) is in place on all sites to flag high risk areas. • The information has been published on the Trust's website and the data is available on NHS Choices. • Fill rates have improved but mix of substantive 'v' bank/agency requires actions to occur daily to manage staffing needs. • Risk register score remains at 20 							
Recommendations:							
<ul style="list-style-type: none"> • To note current staffing pressures and implications for safety • Support the executive team in taking forward the actions 							

Strategic Risk Register Vacancy position is on risk register and scores 20	Performance KPIs year to date
Resource Implications (e.g. Financial, HR) Filling vacancies with agency is exceeding pay budget.	
Assurance Implications Compliance action at PHB from April 2015 CQC inspection	
Patient and Public Involvement (PPI) Implications Increased complaints	
Equality Impact –	
Information exempt from Disclosure –	
Requirement for further review?	

Monthly Report on Staffing

1. Purpose

This report is to:-

- To provide the board with an overview of nursing and midwifery actual staffing levels against planned in inpatient areas
- To update on current vacancy position
- To bring to the attention of the board any risks.
- To confirm the on-going plan

2. Key Points

The analysis of November by site is summarised as follows:-

- The data identifies that overall average registered staffing fill rates are 90% and above against planned levels for day and night shifts across all sites during November.
- The data demonstrates that overall average unregistered staffing levels are above 85% against planned levels for day and night shifts across all sites.
- A Red Flag denotes a shortfall in staffing and the staffing shortfall has not been mitigated and/or the ward has been declared as having increased risk to patient safety and experience.
- Fill rates are for 1031 beds however we currently have excess beds open.

November 2015

Hospital	Total % Registered Day	Total % Unregistered Day	Total % Registered Night	Total % Unregistered Night	Totals
Grantham	90.09%	88.76%	98.31%	104.27%	95.36%
Lincoln	94.64%	98.30%	100.04%	112.96%	101.49%
Boston	92.79%	113.51%	103.58%	124.94%	108.71%

- There are 6 areas in November (4 in October which have fallen below the 80% fill rate for registered staff and 6 (5 in October areas that have fallen below the 80% fill rate for unregistered staff.
- Red flags denote a significant risk and patient safety may not be assured, in the NICE staffing guidance a Red Flag represents:-
 - Unplanned omission in providing patient medications.
 - Delay of more than 30 minutes in providing pain relief.
 - Patient vital signs not assessed or recorded as outlined in the care plan.
 - Regular checks on patients (intentional rounds) are delayed and these ensure that fundamental care needs are met as outlined in the care plan.
 - Staff are regularly missing breaks

3. Vacancies

The current vacancy position continues to cause considerable challenge in delivering the staffing needs of the wards and departments. Clinical teams are spending time moving staff and mitigating risk. Active recruitment is ongoing but applicants are limited.

The Recruitment and Retention Group lead by the Director of Human Resources continues to work to deliver improvements in staffing and is reported weekly to the Quality Improvement Board chaired by the CEO. An agreement has now been made to recruit 120 staff from outside the UK, progress has been made against this target.

As reported to board in November there was a change to the source of data collection for vacancies, further analysis has been undertaken to ensure this data is accurate at the point in time of the reporting period.

November 2015 current vacancy position

	Sep-15		Oct-15		Nov-15	
	Data from Payroll		Data from Payroll		Data from Payroll	
	R	UR	R	UR	R	UR
Lincoln	100.56	36.84	97.40	39.16	102.77	35.84
Pilgrim	100.02	20.50	96.84	19.28	96.60	28.89
Grantham	19.04	3.21	16.23	3.41	23.06	6.57
Main Site Nursing Sub-total	219.62	60.55	210.47	61.85	222.43	71.30
Louth	2.18	3.00	2.78	3.20	2.93	3.20
Paediatrics & Neonatal	24.31	11.87	22.03	12.79	21.60	12.75
Obs & Gynae	19.94	3.42	17.49	6.36	15.51	3.86
Diagnostics	-1.45	4.31	-0.28	5.47	0.31	4.63
Corporate Nursing – All Sites	17.28	5.13	13.99	5.13	14.59	4.13
Specialist Nursing – All Sites	0.72	0.19	1.82	0.19	2.02	0.19
Nursing & Midwifery Sub-total	282.60	88.47	268.30	94.99	279.39	100.06
Physiotherapy	13.35	2.77	10.58	1.53	11.58	0.53
Occupational Therapy	8.61	1.73	7.07	1.73	5.20	1.48
Dietetics	2.13	0.00	2.43	0.00	3.28	0.00
Total	306.69	92.97	288.38	98.25	299.45	102.07

4. Implications

The risk of inadequate staffing levels on patient outcomes and experience is monitored and bed closures are attempted where staffing requirements cannot be met, although it has been difficult to maintain bed closures in surges of activity. A significant amount of oversight, movement and mitigation is carried out during the day and night by Matrons and Site Duty Managers across all sites. The actions taken include moving staff from one clinical area to another, use of bank staff, use of agency staff and the use of staff who have clinical skills but who are not ward based.

To ensure risk is minimised when staffing is not adequate, staff from other areas of the Trust such as Nurse Specialists and other members of the nursing workforce who do not routinely work in clinical roles have been utilised on the wards.

Work continues to mitigate risk by temporary closure of beds at Pilgrim site. The implications of these closures have been considered by the TB previously and ongoing work into risks and mitigations continue. The executive considered a selection of quality data over the last month and this continues.

Over January to November October there had been some deterioration in the Safety Quality Dashboards outcomes (SQD), in July and November this has not deteriorated further and there have been improvements in some instances. Further details can be seen in the Trust Board Quality Report.

The decision to open escalation is only made at Director Level taking into consideration the wider impact on patients across the health community in times of escalation and is made on the balance of clinical risk.

In November there were 7 (6 in October) areas where the fill rate has been below 80% for 3 consecutive months; the table below identifies those areas.

Ward	Registered Fill Rate below 80% for 3 months	Unregistered Fill Rate below 80% for 3 months	Action Taken
Critical Care – Grantham Hospital	No	Yes	Monitored by Matron and escalated to Chief Nurse and beds used flexibly depending on staffing
ICU - Lincoln	No	Yes	Monitored by Matron and escalated to Chief Nurse and beds used flexibly depending on staffing
Nocton Ward – Lincoln Hospital	Yes	Yes	10 cots closed
Ward 4A – Pilgrim Hospital	No	Yes	5 beds closed
7B – Pilgrim Hospital	Yes	No	Monitored by Matron and escalated to Chief Nurse
5B – Pilgrim Hospital	Yes	No	Monitored by Matron and escalated to Chief Nurse
AMU- Pilgrim Hospital	Yes	No	Monitored by Matron and escalated to Chief Nurse

The table below shows a summary of the overall Red Flag data for November 2015. Out of the 2472 shifts reported 419 or 17% of these were concerned to be Red. The Lincoln and Boston sites having the highest percentage of Red Flags, the number of red flags have reduced as an impact of shifts being backfilled with agency staff.

We continue to have missing data in this reporting period. The Heads of Nursing have been asked to remind their staff to complete flags for those areas that continue to be monitored.

Hospital	Total Number of Shifts	Number of shifts reported	Number of Red Flags	% of Red Flags	Number of missing data	% missing data
Grantham	558	543	5	1%	15	3%
Lincoln	2511	1058	120	11%	1453	58%
Boston	1674	871	294	34%	803	48%
ULHT	4743	2472	419	17%	2271	48%

5. Nursing Agency Rules

The table below shows the agency spend against total nursing pay costs, the total percentage spent on agency staff for all sites 9.89%, against a target of 10.30% until 31st March 2015.

Qualified Nursing Agency Spend against Cap					
	Aug-15	Sep-15	Oct-15	Nov-15	
Pilgrim					
Agency Costs £000	353.2	334.8	361.9	322.7	
Total Nursing Pay costs inc Agency £000	2,548.9	2,669.7	2,677.6	2,644.9	
Agency %	13.86%	12.54%	13.52%	12.20%	
Lincoln					
Agency Costs £000	476.6	592.4	508.4	382.2	
Total Nursing Pay costs inc Agency £000	3,467.8	3,857.7	3,767.7	3,658.1	
Agency %	13.74%	15.36%	13.49%	10.45%	
Grantham					
Agency Costs £000	49.6	61.2	67.5	53.0	
Total Nursing Pay costs inc Agency £000	794.1	839.9	821.4	771.8	
Agency %	6.25%	7.29%	8.21%	6.86%	
All other sites					
Agency Costs £000	- 9.1	0.4	12.2	-	
Total Nursing Pay costs inc Agency £000	784.6	524.4	553.4	585.5	
Agency %	-1.16%	0.07%	2.21%	0.00%	
TOTAL ALL SITES	Aug-15	Sep-15	Oct-15	Nov-15	
Agency Costs £000	870.3	988.8	950.0	757.9	
Total Nursing Pay costs inc Agency £000	7,595.3	7,891.7	7,820.1	7,660.3	
Agency %	11.46%	12.53%	12.15%	9.89%	
Target			10.30%	10.30%	

6. Actions completed

- Executive team aware of staffing pressures and risks and working to close further beds
- Chief Nurse and Director of Operations oversee any current concerns/risks, agree actions with executive team and ensure action taken.
- Beds have been intermittently closed on wards where patient requirements could not be met consistently; this has a negative impact on other standards. .
- Staff are moved wards on a daily basis in line with the escalation policy to address patient safety concerns, when temporary staffing is not available.
- Red flagging system in place on all sites, this is still a new system, some issues with functionality and compliance is still being resolved.
- Director of Operations agreed with executive team a request to cancel training including mandatory requirements to support safe staffing on the wards.
- Risk Summit held with CCG, plan not yet delivered
- Staffing Summits chaired by Deputy Chief Nurse
- Review of agency booking process completed
- Recruitment plan monitored weekly by executive team
- Reduction of training
- 11 return to practice nurses commenced
- TDA made aware of challenges at oversight meeting
- Response sent to TDA regarding agency cap and increase to 10.3% agreed
- Overseas recruitment commenced
- Xx staff from EU offered posts

7. Actions Planned

- Ongoing recruitment led by HR Director.
- Closure of escalation and unfunded/unstaffed beds to be a priority
- Detailed review of staffing and agreement of bed closures at PHB