



To:	Public Trust Board
From:	Michelle Rhodes Director of Nursing
Date:	5 April 2016
Healthcare standard	CQC Outcome 13 Staffing, S11

Title:	Monthly Staffing Report						
Responsible Director: Paper prepared by Elizabeth Ball Deputy Chief Nurse for Michelle Rhodes Director of Nursing							
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:							
<table border="1"> <tr> <td>Decision</td> <td></td> </tr> </table>		Decision		<table border="1"> <tr> <td>Discussion</td> <td></td> </tr> </table>		Discussion	
Decision							
Discussion							
<table border="1"> <tr> <td>Assurance</td> <td>x</td> </tr> </table>		Assurance	x	<table border="1"> <tr> <td>Information</td> <td>x</td> </tr> </table>		Information	x
Assurance	x						
Information	x						
Summary/Key Points:							
<ul style="list-style-type: none"> • 7 areas had Registered fill rates below 80% in February 2016 (against planned bed base) • 5 areas had Unregistered fill rates below 80% in February 2016 (against planned bed base) • 6 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 							

<ul style="list-style-type: none"> • 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 February by site is summarised as follows:-

- The data identifies that overall average registered staffing fill rates are 85% and above against planned levels for day and night shifts across all sites during February.
- The data demonstrates that overall average unregistered staffing levels are above 80% 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.

February 2016

Hospital	Total % Registered Day	Total % Unregistered Day	Total % Registered Night	Total % Unregistered Night	Totals
Grantham	91.78%	81.74%	103.09%	90.52%	91.78%
Lincoln	90.94%	94.33%	98.51%	100.96%	96.19%
Boston	89.83%	111.46%	100.63%	118.38%	105.08%

- There are 7 areas in February (6 in January which have fallen below the 80% fill rate for registered staff and 5 (5 in January 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 bi-weekly to the Quality Improvement Board chaired by the CEO.

February 2016 current vacancy position

VACANCY POSITION												
	Sep-15		Oct-15		Nov-15		Dec-15		Jan-16		Feb-16	
	Data from Payroll		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	R	UR
Lincoln	100.56	36.84	97.40	39.16	102.77	35.84	108.53	36.30	110.79	35.76	112.29	29.38
Pilgrim	100.02	20.50	96.84	19.28	96.60	28.89	97.10	20.18	103.92	10.38	107.48	11.22
Grantham	19.04	3.21	16.23	3.41	23.06	6.57	25.45	7.77	28.36	10.17	28.78	9.54
Main Site Nursing & Midwifery Sub-total	219.62	60.55	210.47	61.85	222.43	71.30	231.08	64.25	243.07	56.31	248.55	50.14
Louth	2.18	3.00	2.78	3.20	2.93	3.20	2.93	4.05	3.69	3.20	3.69	4.00
Paediatrics & Neonatal	24.31	11.87	22.03	12.79	21.60	12.75	22.51	13.79	22.93	10.19	24.62	10.19
Obs & Gynae	19.94	3.42	17.49	6.36	15.51	3.86	19.07	4.26	22.20	2.53	27.22	2.69
Diagnostics	-1.45	4.31	-0.28	5.47	0.31	4.63	0.99	4.63	0.15	5.63	2.03	4.83
Corporate Nursing – All Sites	17.28	5.13	13.99	5.13	14.59	4.13	12.00	4.13	12.65	4.12	10.16	7.01
Specialist Nursing – All Sites	0.72	0.19	1.82	0.19	2.02	0.19	2.82	0.19	1.42	0.19	-1.06	0.19
Nursing & Midwifery Sub-total	282.60	88.47	268.30	94.99	279.39	100.06	291.40	95.30	306.11	82.17	315.21	79.05
Physiotherapy	13.35	2.77	10.58	1.53	11.58	0.53	10.21	0.53	10.21	-1.47	8.21	-1.96
Occupational Therapy	8.61	1.73	7.07	1.73	5.20	1.48	6.45	2.48	6.93	2.48	7.33	3.48
Dietetics	2.13	0.00	2.43	0.00	3.28	0.00	3.28	0.00	3.28	0.00	3.28	0.00
Total	306.69	92.97	288.38	98.25	299.45	102.07	311.34	98.31	326.53	83.18	334.03	80.57
Nursing & Midwifery Changes			-5.06%	7.37%	4.13%	5.34%	4.30%	-4.76%	9.56%	-17.88%	8.17%	-17.05%
-VE : Reduced Vacancy												
+VE : Increased Vacancy												

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.

There had been some deterioration in the Safety Quality Dashboards outcomes (SQD, 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 February there were 6 (6 in January) 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
Ward 2- Grantham Hospital	Yes	No	Monitored by Matron and escalated to Director of Nursing and beds used flexibly depending on staffing
Critical Care – Grantham Hospital	No	Yes	Monitored by Matron and escalated to Director of Nursing and beds used flexibly depending on staffing
ICU - Lincoln	No	Yes	Monitored by Matron and escalated to Director of Nursing and beds used flexibly depending on staffing
Nocton Ward – Lincoln Hospital	No	Yes	10 cots closed
Ward 4A – Pilgrim Hospital	Yes	Yes	5 beds closed
AMU – Pilgrim Hospital	Yes	No	Monitored by Matron and escalated to Director of Nursing and beds used flexibly depending on staffing

The table below shows a summary of the overall Red Flag data for February 2016. Out of the 2990 shifts reported 507 or 17% of these were concerned to be Red. Boston site has 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. A detailed report on the Red Flags will be submitted to the Quality Governance Committee in March 2016.

Hospital	Total Number of Shifts	Number of shifts reported	Number of Red Flags	% of Red Flags	Number of missing data	% missing data
Grantham	558	558	22	4%	0	0%
Lincoln	2511	1637	173	11%	874	35%
Boston	1674	795	312	39%	879	53%
ULHT	4743	2990	507	17%	1753	37%

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 11.63%, against a target of 10.30% until 31st March 2015.

Financial Performance February 2016							
Qualified Nursing Agency Spend against Cap							
	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Pilgrim							
Agency Costs £000	353.2	334.8	361.9	322.7	358.6	376.9	370.3
Total Nursing Pay costs inc Agency £000	2,548.9	2,669.7	2,677.6	2,644.9	2,693.3	2,719.8	2,726.2
Agency %	13.86%	12.54%	13.52%	12.20%	13.31%	13.86%	13.58%
Lincoln							
Agency Costs £000	476.6	592.4	508.4	382.2	410.7	500.3	463.3
Total Nursing Pay costs inc Agency £000	3,467.8	3,857.7	3,767.7	3,658.1	3,690.1	3,754.6	3,743.0
Agency %	13.74%	15.36%	13.49%	10.45%	11.13%	13.32%	12.38%
Grantham							
Agency Costs £000	49.6	61.2	67.5	53.0	39.6	74.8	78.8
Total Nursing Pay costs inc Agency £000	794.1	839.9	821.4	771.8	778.2	816.8	809.7
Agency %	6.25%	7.29%	8.21%	6.86%	5.09%	9.16%	9.73%
All other sites							
Agency Costs £000	- 9.1	0.4	12.2	-	4.5	1.5	0.6
Total Nursing Pay costs inc Agency £000	784.6	524.4	553.4	585.5	566.2	562.5	574.2
Agency %	-1.16%	0.07%	2.21%	0.00%	-0.79%	0.27%	0.10%
TOTAL ALL SITES							
Agency Costs £000	870.3	988.8	950.0	757.9	804.4	953.5	913.0
Total Nursing Pay costs inc Agency £000	7,595.3	7,891.7	7,820.1	7,660.3	7,727.8	7,853.7	7,853.1
Agency %	11.46%	12.53%	12.15%	9.89%	10.41%	12.14%	11.63%
Target			10.30%	10.30%	10.30%	10.30%	10.30%

A programme of work is in place to reduce the nursing agency spend lead by the Director of Nursing.

6. Action Plan

Agency action plan						
AREA	ACTIVITY	DIAG TOOL KIT ACTION	TIMEFRAME	Financial assumption	LEAD	UPDATE
1. Escalation Beds	Additional beds		31st March 2016	88 Beds open at 31st March 2016 38 beds opened in addition to the current 50 escalation beds	Chief Operating Officer	
2. Bank Staffing	Agency HCSW bookings stopped		1st February 2016	Agency stopped for HCSW	Director of Nursing	Completed
	Direct Booking Implemented Lincoln Medicine	Y	8th February 2016	5 wards: > 1000hrs average shifts per month to reduce 1 x 6hr shift per 48hr period. Commence March 1st 2016 23 wards: > 400 < 999hrs average shifts per month to reduce 1 x 3.5hr shift per 48hr period. Commence March 1st 2016	Heads of Nursing (Lincoln)	Completed
	Direct Booking Implemented Trust Wide	Y	15th February 2016	5 wards: > 1000hrs average shifts per month to reduce 1 x 6hr shift per 48hr period. Commence March 1st 2016 23 wards: > 400 < 999hrs average shifts per month to reduce 1 x 3.5hr shift per 48hr period. Commence March 1st 2016	Heads of Nursing	Completed
	Re-engagement with all >6 month inactive bank staff. Dedicated resource assigned	Y	2nd February 2016	Bank utilisation increase: 5% in May; 2.5% June profiled to 40% fill rate in March 2017		Completed
	Benefits of Bank Working in place	Y	29th February 2016	Bank utilisation increase: 5% in May; 2.5% June profiled to 40% fill rate in March 2017	Project Manager	In progress
	Assessment/benchmarking completed for bank staff to be weekly paid	Y	29th February 2016	Bank utilisation increase: 5% in May; 2.5% June profiled to 40% fill rate in March 2017	Director of HR	In progress
	Implementation of weekly pay for bank staff	Y	1st April 2016	Bank utilisation increase: 5% in May; 2.5% June profiled to 40% fill rate in March 2017	Director of Finance	
	Employee on-line outline business cased approved (Cloud services)	Y	28th February 2016	Bank utilisation increase: 5% in May; 2.5% June profiled to 40% fill rate in March 2017	Executive Team	Completed
	Employee on-line Direct bank booking implemented	Y	30th April 2016	Bank utilisation increase: 5% in May; 2.5% June profiled to 40% fill rate in March 2017	Project Manager	In progress
	Relaunch of Staff Bank (Comms etc)	Y	30th March 2016	Bank utilisation increase: 5% in May; 2.5% June profiled to 40% fill rate in March 2017	Project Manager	In progress
Review Roster Period to 28th March 2016 to forecast potential agency spend	Y	12th February 2016		Project Manager	Completed	
Review cost of Overtime 'v' Enhanced bank payments	Y	12th February 2016		Finance Manager	Completed	
Centralisation of Bank Office teams & review working hours.	Y	30th June 2016		Project Manager	In progress	
3. Recruitment & Retention	Recruitment tracker in place 12 week forecasting of leavers and supernumerary periods for new starters.	Y	29th February 2016	-6 WTE net attrition (February to April 2016) -2 WTE net attrition (May to July 2016) 0 WTE attrition August 2016 onwards	Heads of Nursing (Grantham)	In progress
	Review existing communications plan for recruitment	Y	29th February 2016	-6 WTE net attrition (February to April 2016) -2 WTE net attrition (May to July 2016) 0 WTE attrition August 2016 onwards	HR Recruitment Lead/Communications Lead	In progress
	Supernumerary guidance developed and approved	Y	12th February 2016	Bank utilisation increase: 5% in May; 2.5% June profiled to 40% fill rate in March 2017	Deputy Chief Nurse	Completed
	Newly Qualified Nurses appointed. C 70 operationally effective from October 2016	Y	30th September 2016	5 wards: > 1000hrs average shifts per month to reduce 1 x 6hr shift per 48hr period. Commence March 1st 2016 23 wards: > 400 < 999hrs average shifts per month to reduce 1 x 3.5hr shift per 48hr period. Commence March 1st 2016	Heads of Nursing	In progress
	Overseas recruitment - 100 Nurses C30 Operationally effective from mid-December 2016 C 70 operationally effective from mid-January 2017	Y	15th January 2017	5 wards: > 1000hrs average shifts per month to reduce 1 x 6hr shift per 48hr period. Commence March 1st 2016 23 wards: > 400 < 999hrs average shifts per month to reduce 1 x 3.5hr shift per 48hr period. Commence March 1st 2016	Heads of Nursing	In progress
	Establish a Nursing & AHP Student Forum	Y	31st March 2016		Deputy Chief Nurse	In progress
	Complete review Preceptorship programme	Y	31st March 2016		Deputy Chief Nurse	Completed
4. Sickness Absence Management	Nursing led sickness plan approved and implemented. Including a revised sickness policy.	Y	31st March 2016	Bank utilisation increase: 5% in May; 2.5% June profiled to 40% fill rate in March 2017	Director of HR/Deputy Chief Nurse	In progress
	Additional overseas recruitment planned	Y	Apr-16	5 wards: > 1000hrs average shifts per month to reduce 1 x 6hr shift per 48hr period. Commence March 1st 2016 23 wards: > 400 < 999hrs average shifts per month to reduce 1 x 3.5hr shift per 48hr period. Commence March 1st 2016	Director of HR	In progress
5. Rostering Practices	Enhanced KPI's to ward level implemented. Accountability framework developed, to be reflected in revised Roster Policy, including SOP	Y	29th February 2016	Bank utilisation increase: 5% in May; 2.5% June profiled to 40% fill rate in March 2017	Director of Nurse/Heads of Nursing	Completed
	Introduction of Care hours KPI in line with Carter review		1st April 2016		Director of Nursing	
	Nursing Students to be allocated via HealthRoster	Y	30th September 2016	Bank utilisation increase: 5% in May; 2.5% June profiled to 40% fill rate in March 2017	HealthRoster Manager	In progress
	Enhanced Management of unused contracted hours	Y	14th January 2016	Bank utilisation increase: 5% in May; 2.5% June profiled to 40% fill rate in March 2017	Heads of Nursing	In progress
	Enhanced Management of Annual Leave %	Y	14th January 2016	Bank utilisation increase: 5% in May; 2.5% June profiled to 40% fill rate in March 2017	Heads of Nursing	In progress
	Reduction in overtime spend	Y	14th January 2016	Bank utilisation increase: 5% in May; 2.5% June profiled to 40% fill rate in March 2017	Heads of Nursing	In progress
	Enhanced Management of Additional Duties	Y	14th January 2016	Bank utilisation increase: 5% in May; 2.5% June profiled to 40% fill rate in March 2017	Heads of Nursing	In progress
Selection process of final placements for 3rd year Nursing Students	Y	31st May 2016		Deputy Chief Nurse	Completed	
6. 1:1 Specialising	Utilisation of Igniting Improvement methodology	Y	22nd February 2016		Head of Nursing Lead	In progress
	Identify full-time HoN lead	Y	12th February 2016		Director of Nursing	Completed
	Allocate staffing resource to project	Y	22nd February 2016		Director of Nursing	In progress
	Develop Trust Policy	Y	8th February 2016		Heads of Nursing (Pilgrim)	In progress
7. Multi-Disciplinary Workforce reviews	Alternative staffing models to be considered in six agreed wards	Y	11th February 2016	5 wards: > 1000hrs average shifts per month to reduce 1 x 6hr shift per 48hr period. Commence March 1st 2016 23 wards: > 400 < 999hrs average shifts per month to reduce 1 x 3.5hr shift per 48hr period. Commence March 1st 2016	Heads of Nursing	Completed
	ULHT to seek to be a pilot site for "Associate Nurse"	Y	8th February 2016		Director of Nursing	Completed
	Fully comply with HEE consultation on "Associate Nurse"	Y	11th March 2016		Deputy Chief Nurses	Completed
	Review all wards template numbers	Y	30th March 2016		Director of Nursing	In progress

