United Lincolnshire Hospitals NHS

NHS Trust

To:	Trust Board
From:	Michelle Rhodes, Director of Nursing
Date:	26th July 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:
This report provides information for the Board to demonstrate that ULHT has provided appropriate nurse staffing levels across all in-patient ward areas and appropriate systems in place to manage or mitigate patient safety risk.

The report triangulates staffing levels against appropriate quality measures.

The Report is provided to the Board for:

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 • 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 June 2016. The report provides information on staff in post, nurse vacancies and includes quality measures at ward level which are reported by exception.

The latest National Quality Board Guidance, 'Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time' (2016) has recently been released and the Corporate Nursing team are working through this to identify the implications for ULHT. This information will be incorporated in future Board reports.

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 June 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 June 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 (%)
91.64 (90.8)	98.63 (101.1)	97.16 (98.7)	101.55 (103.4)

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	87.75 (85.93)	93.40 (94.8)	94.56 (96.1)	90.83 (92.7)
LCH	93.29 (93.1)	94.82 (92.3)	95.33 (97.32)	98.83 (98.80)
PHB	90.29 (89.2)	104.65 (111.7)	100.94 (101.8)	107.96 (111.7)

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. 2 meetings have been held with the business unit, the Medical Director, Chief Operating Officer and the Director of Nursing which has looked closely at the management plans for this service. 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.
- Medical Emergency Admissions Unit (MEAU) at Lincoln – it is noted that there has been 15 medication errors and 3 falls with harm in this area. The area is being closely monitored and are looking at different ways of working within the unit. The Pharmacy technician pilot is being implemented and evaluated on this area and will commence 1st August.
- AMU at Boston – this area is showing reduced Registered Nurse fill rates on some days. The unit has successfully recruited 5 registered nurses to the team and plans have been put in place for a Clinical Educator from another area to support the development of staff on AMU. The Head of nursing is also involved in discussions with the Nursing Agency to explore the opportunity of block booking shifts for this area.

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.

Table Three: June 2016 current vacancy position

VACANCY POSITION	Apr-16		May-16		Jun-16	
	Data from Payroll		Data from Payroll		Data from Payroll	
	R	UR	R	UR	R	UR
Lincoln	135.27	21.11	138.25	25.69	137.87	28.45
Pilgrim	98.86	19.01	97.44	23.65	101.49	26.29
Grantham	28.00	6.83	26.36	5.56	31.42	5.60
Main Site Nursing & Midwifery Sub-total	**262.13**	**46.95**	**262.05**	**54.90**	**270.78**	**60.34**
Louth	3.42	3.00	3.42	3.00	2.33	3.00
Paediatrics & Neonatal	30.18	7.33	30.37	4.53	30.93	2.45
Obs & Gynae	23.39	1.38	25.36	2.14	22.82	5.81
Diagnostics	7.33	-0.08	6.20	-0.21	5.80	1.20
Corporate Nursing – All Sites	9.16	4.07	8.11	3.07	11.35	0.71
Specialist Nursing – All Sites	-5.33	0.40	-2.66	0.40	-5.66	-0.60
Nursing & Midwifery Sub-total	**330.28**	**63.05**	**332.85**	**67.83**	**338.35**	**72.91**
Physiotherapy	8.92	-1.59	11.77	-1.59	10.77	-0.59
Occupational Therapy	6.70	2.06	6.95	1.06	8.35	-0.45
Dietetics	2.00	0.00	2.00	0.00	2.00	0.00
Total	**347.90**	**63.52**	**353.57**	**67.30**	**359.47**	**71.87**
Nursing & Midwifery Changes	**3.53%**	**7.50%**	**4.34%**	**15.65%**	**1.65%**	**7.49%**
-VE : Reduced Vacancy						
+VE : Increased Vacancy						

4.2 Recruitment and Retention

Efforts to improve on recruitment continuing. The Trust is in contact with the agency coordinating the overseas recruitment process and we are aware of those who are progressing through the gateways.

103 NQNs have been offered posts at ULHT to start in September 2016 of which 73 have confirmed they will be starting. The clinical education team and HR are contacting the other 30 for confirmation.

4.3 Reducing Reliance and Expenditure on Agency Staff

At the end of Q1 nursing agency spend was overspent by £206k against the trajectory (see appendix 2).

Further work has been undertaken to identify additional milestones that will assist on recovering the shortfall 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 is also being worked up.

All agency requests need approval from the Director of Nursing or the Deputy Chief Nurses, the use of Agency for unregistered shifts has now stopped and plans are to stop the use of 'off framework' tier 5 agencies by August 1st 2016

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

Staff Group	Week Commencinhg	20/06/2016	27/06/2016	04/07/2016	11/07/2016	18/07/2016
Nursing, Midwifery & Health Visiting	Framework only	272	252	153	125	110
Nursing, Midwifery & Health Visiting	Price cap only	603	534	541	496	575
Nursing, Midwifery & Health Visiting	Both framework & price cap	237	204	88	59	52
Healthcare assistant and other support	Framework only	0	0	0	0	0
Healthcare assistant and other support	Price cap only	0	0	0	0	0
Healthcare assistant and other support	Both framework & price cap	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. The bid is to be submitted on 10th August 2016

6.0 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: June 2016 Workforce Dashboard

Safe Staffing Performance Dashboard - June 2016

Ward Level Staffing - Average Fill Rates for month June 2016

SITE/ Ward	Day: Average fill rate - registered nurses/mid wives (%)	Day: Average fill rate - care staff (%)	Night: Average fill rate - registered nurses/mid wives (%)	Night: Average fill rate - care staff (%)	Issues escalated	CHPPD	SI's (Data: Ward health Check)	Falls with Harm (Moderate, Severe and Death) (Data: DATIX)	Grade 3/4 PU (DATA: PUNT)	Med Errors (DATA: WARD HEALTH CHECK)	New ST Harm Free % (DATA: WARD HEALTH CHECK)	Complaints (DATA: WARD HEALTH CHECK)	FFT (DATA: WARD HEALTH CHECK)
GRANTHAM DISTRICT HOSPITAL													
Ward 1	89.2%	92.4%	92.4%	95.0%	No Issues	5.5	0	0	1	3	96.2	0	100%
Ward 2	78.3%	100.4%	92.2%	93.3%	Working on a new model of care so not all requests sent to bank	4.7	0	0	0	0	92.30%	0	92%
Ward 6	91.9%	99.6%	100.2%	90.0%	No Issues	5.5	0	1	0	2	94.70%	0	95%
EAU	92.1%	88.4%	100.0%	85.0%	No Issues	5.2	0	1	0	1	95.50%	1	95%
Critical Care Unit	87.7%	52.5%	89.9%		The unit has a small team of HCSW so fill rates affected greater if fewer staff are unavailable. Not all shifts sent out to bank	16.8	0	0	0	1	100.00%	0	75%
LINCOLN COUNTY HOSPITAL													
Ashby	93.3%	148.4%	98.3%	193.4%	High levels HCSW day and night - high acuity	8.2	0	0	0	0	100.00%	0	100%
Bardney	81.8%	94.1%	96.1%	92.7%	No Issues	10.4	0	0	0	0	100.00%	0	95%
Branston	81.2%	60.6%	98.3%	100.0%	Low levels HCSW day shifts not sent to bank	8.7	0	0	0	0	100.00%	1	85%
Burton	93.4%	91.8%	95.3%	108.5%	No Issues	6.0	0	0	0	4	100.00%	2	100%
Carlton Coleby	96.4%	95.4%	109.0%	106.6%	No Issues	5.9	0	0	0	4	100.00%	0	95%
Clayton	96.6%	108.6%	99.1%	105.3%	No Issues	6.0	0	0	0	1	92.00%	1	85%
Dixon	89.0%	102.0%	97.8%	105.3%	No Issues	4.5	0	0	0	1	100.00%	0	83%
Digby	93.3%	105.7%	97.8%	110.0%	High levels HCSW nights due to high dependancy	4.9	0	0	0	1	100.00%	0	84%
Greetwell	89.7%	104.9%	98.2%	100.0%	No Issues	4.9	0	0	0	0	100.00%	0	77%
Hatton	84.4%	89.4%	87.9%	88.5%	No Issues	8.1	2	0	0	0	90.90%	1	100%
ICU	92.9%	72.2%	89.4%	43.3%	Low levels HCSW not routinely sent to bank	26.8	0	0	0	2	100.00%	0	n/a
Johnson	90.8%	108.4%	99.9%	122.8%	High levels HCSW nights due to high dependancy		0	0	1	2	95.20%	0	94%
Lancaster	93.9%	94.8%	94.7%	100.0%	No Issues	6.0	0	0	0	5	100.00%	0	100%
Navenby	96.6%	93.8%	97.8%	106.6%	No Issues	5.3	0	0	0	2	95.00%	1	86%
Nettleham	101.5%	94.6%	98.9%	96.7%	No Issues	2.2	0	0	0	1		0	95%
Neustadt Welton	94.1%	108.5%	98.0%	99.2%	No Issues	5.3	0	0	1	1	96.30%	0	
Nocton	101.1%	61.7%	79.3%	57.3%	10 cots closed	14.2	0	0	0	2		0	n/a
Rainforest	107.1%	132.9%	100.6%	136.1%	High levels HCSW day and night - predominantly unused staff hours and a temporary uplift in template	9.5	0	0	0	3		0	90%
Shuttleworth	95.7%	94.4%	95.1%	104.1%	No Issues	6.7	0	1	0	1	88.50%	0	100%
Stroke Unit	92.3%	91.1%	97.5%	98.3%	No Issues	6.9	0	0	0	2	100.00%	1	100%
Waddington Unit	97.6%	79.2%	96.7%	96.8%	High levels of sickness, not all filled by bank / agency. Looking at redeployment of staff from other areas	5.2	0	0	0	0	100.00%	0	100%
MEAU	93.9%	87.8%	94.6%	87.3%	No Issues	13.7	0	3	0	15	96.20%	1	91%
SEAU	92.7%	93.4%	98.1%	89.9%	No Issues	7.4	0	0	0	0	95.50%	0	84%
PILGRIM HOSPITAL, BOSTON													
Acute Cardiac Unit (formerly Coronary Care Unit)	98.6%	82.2%	97.8%	103.3%	No Issues	7.2	0	0	0	2	100.00%	0	80%
Labour Ward	70.1%	104.0%	101.4%	100.3%	Low levels RN day shift not sent to bank	12.2	0	0	0	0		0	100%
Neonatal	83.0%	121.1%	81.7%	146.7%	Cots closed. High levels HCSW days and nights cited as alternative grade	35.4	0	0	0	0		0	n/a
Stroke Unit	101.0%	112.9%	97.1%	117.2%	High Levels HCSW high dependancy	7.6	0	2	0	0	100.00%	0	86%
3A	96.3%	122.6%	100.0%	98.0%	High levels HCSW high dependancy	6.0	0	0	0	0	100.00%	0	94%
3B	97.4%	103.7%	101.1%	133.2%	High levels HCSW high dependancy	6.5	0	0	0	0	100.00%	3	76%
Paediatric Ward - 4A	64.8%	65.2%	92.2%	50.0%	5 beds closed exploring different models of care	19.0	0	0	0	n/k		0	67%
5A	92.3%	111.6%	102.1%	115.6%	High levels HCSW day and nights high dependancy and alternative grade	7.6	0	0	1	0	100.00%	1	93%
5B	81.0%	127.2%	98.8%	95.0%	High HCSW days cited alternative grade	7.7	0	0	1	3	94.70%	0	71%
6A	99.5%	107.5%	98.9%	129.0%	High levels HCSW nights due to high dependancy / mental health issue	6.5	0	1	1	2	92.90%	1	95%
6B	97.4%	106.8%	103.6%	126.5%	High levels HCSW nights due to high dependancy / mental health issue	6.3	0	0	0	4	100.00%	2	97%
7A	86.4%	96.3%	98.3%	96.2%	No Issues	5.6	0	0	0	2	100.00%	0	100%
7B	101.6%	91.2%	101.4%	116.5%	High levels HCSW Nights high dependancy	7.0	0	1	0	3	100.00%	0	88%
8A	116.4%	119.5%	146.7%	125.7%	High levels HCSW day and nights due to high dependancy and open escalation beds	5.7	0	0	0	2	100.00%	0	85%
M2	98.9%	104.4%	101.6%	98.1%	No Issues	8.5	0	0	0	0	100.00%	0	87%
AMU (formerly CDU)	76.6%	98.0%	122.4%	105.7%	Low levels registered day shift not sent to bank. High registered nights as tep uplift	9.6	0	0	0	2	93.80%	0	84%
Bostonian	88.1%	137.6%	102.8%	143.6%	High levels HCSW day and nights due to high dependancy and alternate grade	8.5	0	0	0	1	100.00%	0	85%
ITU	87.0%	146.3%	92.5%	22.0%	High levels HCSW days using	32.5	0	0	0	0	100.00%	0	n/a

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									
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	-906,000	-957,000	-774,000	-484,000	-535,000	-451,000	-294,896	-217,000	-268,000