United Lincolnshire Hospitals NHS

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 (Workforce)

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 September 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 September 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 September 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 (%)
88.48 (87.56)	98.52 (99.14)	96.24 (96.81)	98.24 (98.77)

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 September 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	86.61% (85.44%)	92.46% (96.49%)	95.09% (92.30%)	93.75% (91.15%)
LCH	91.59% (89.19%)	95.85% (97.26%)	95.38% (95.77%)	97.70% (99.22%)
PHB	84.87% (85.91%)	103.18% (102.08%)	98.01% (99.73%)	100.02% (100.06%)

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

- The mitigation behind the hotspot areas identified in paediatrics has been discussed in previous reports. There is ongoing recruitment campaigns to identify staff who wish to undertake children's nurse training
- AMU – The unit is showing low levels of registered nurse fill rates on days, and where this has happened and is safe to do so, the shifts have been covered by alternate grades. The unit has recently managed to recruit new staff to their establishments and has filled the vacant band 7 post. It is anticipated that this will dramatically improve fill rates in the future
- 5B – the ward is showing a low fill rate for registered nurses on days. Where it is safe to do so, the ward uses Band 4 Assistant Practitioners to fill gaps in rota rather than a registered nurse. This corresponds to the high fill rate of care staff which can also be seen on days
- Bostonian - the unit is showing a low fill rate for registered nurses on days. Where it is safe to do so, the ward uses unregistered staff to fill gaps in the. This corresponds to the high fill rate of care staff which can also be seen on days

3.0   Care Hours Per Patient Day (CHPPD)

The Senior Nursing Team continue to scrutinise the Care Hours Per Patient Day (CHPPD) data which is currently provided from the Unify system. Comparisons are being made across specialities and sites looking for similarities and differences. From October National data will be published which will allow the Trust to benchmark itself against other similar 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. Of note is the reduction in registered nurse vacancies which was predicted following the start of the newly qualified nurses in September.

Table Three: September 2016 current vacancy position

VACANCY POSITION												
	Apr-16		May-16		Jun-16		Jul-16		Aug-16		Sep-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	135.27	21.11	138.25	25.69	137.87	28.45	142.26	27.21	161.68	40.91	109.73	45.49
Pilgrim	98.86	19.01	97.44	23.65	101.49	26.29	106.77	36.31	120.68	47.28	105.72	43.86
Grantham	28.00	6.83	26.36	5.56	31.42	5.60	26.87	5.76	30.92	4.76	23.92	7.34
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	239.37	96.69
Louth	3.42	3.00	3.42	3.00	2.33	3.00	2.33	2.30	2.02	2.30	1.82	3.83
Paediatrics & Neonatal	30.18	7.33	30.37	4.53	30.93	2.45	29.90	2.71	32.59	2.83	27.35	2.51
Obs & Gynae	23.39	1.38	25.36	2.14	22.82	5.81	21.25	6.48	29.73	7.68	26.78	9.27
Diagnostics	7.33	-0.08	6.20	-0.21	5.80	1.20	5.41	1.20	5.03	2.00	5.41	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	12.86	1.29
Specialist Nursing – All Sites	-5.33	0.40	-2.66	0.40	-5.66	-0.60	-3.76	-0.60	-0.34	-0.60	5.04	-1.75
Nursing & Midwifery Sub-total	330.28	63.05	332.85	67.83	338.35	72.91	341.85	82.21	395.55	107.92	318.63	113.84
Physiotherapy	8.92	-1.59	11.77	-1.59	10.77	-0.59	13.07	3.09	14.79	8.57	13.00	9.57
Occupational Therapy	6.70	2.06	6.95	1.06	8.35	-0.45	8.93	0.40	9.43	0.62	11.43	1.77
Dietetics	2.00	0.00	2.00	0.00	2.00	0.00	1.96	0.00	1.96	0.00	-0.84	0.00
Total	347.90	63.52	353.57	67.30	359.47	71.87	365.81	85.70	421.73	117.11	342.22	125.18
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	1,958.94	802.22
Nursing & Midwifery Vacancy Changes	3.53%	7.50%	4.34%	15.65%	2.44%	15.64%	2.70%	21.20%	16.91%	48.02%	-19.45%	5.49%
-VE : Reduced Vacancy												
+VE : Increased Vacancy												

4.2 Recruitment

Efforts to improve on recruitment continuing with attendance at recruitment fares being planned over the next few months as part of the Lincolnshire-wide 'attraction strategy'.

We are pleased to report that a further 3 Filipino nurses joined the Trust in month.

The Trust has also welcomed return to practice nurses who will all start their clinical placements in October 2016.

Plans are also being developed to further explore cohort recruitment days, particularly for Healthcare support worker posts.

The Trust has also now been notified that it has been successful in its bid to become a pilot site for the new Nursing Associate role, along with our other Lincolnshire- wide colleagues. The Lincolnshire 'circuit' of the Health Education East Midlands collaborative has been provided the opportunity to recruit 46 Nursing Associates, with 27 of these being identified for ULHT. The 2 year programme will start in January 2017, it will be predominantly practice-based with academic support provided by the University of Lincoln. Once the job description and curriculum details have been released, recruitment into the posts can begin. There has been an overwhelming amount of interest received since the news of the pilot was released.

4.3   Reducing Reliance and Expenditure on Agency Staff

Further work has been undertaken to identify efficiencies in the management of staffing via the Healthroster system, in particular, the way we record additional duties, and bank hours. This will correspond with a range of incentive packages to be introduced to staff aimed at encouraging our registered nurses to join the bank.

Table 4 below shows the summary of agency staff use over the past 6 weeks. It demonstrated that the number of 'off-framework' shifts booked has continued to fall, however, the number of agency shifts that are 'on framework' but above 'price cap' has increased. This appears to correspond to the block booking of tier 4 agency nurses in the areas where block booking has been authorised by the Director of Nursing. This is now being explored further in an attempt to identify ways in which this could be further managed.

Table Four: Summary of September figures against Agency (framework & CAP)

Staff Group	Week Commencinhg	29/08/2016	05/09/2016	12/09/2016	19/09/2016	26/09/2016	03/10/2016
Nursing, Midwifery & Health Visiting	Framework only	37	37	36	34	40	12
Nursing, Midwifery & Health Visiting	Price cap only	479	471	479	463	459	480
Nursing, Midwifery & Health Visiting	Both framework & price cap	11	10	17	13	15	12
Healthcare assistant and other support	Framework only	0	0	0	0	0	0
Healthcare assistant and other support	Price cap only	2	4	4	3	3	4
Healthcare assistant and other support	Both framework & price cap	0	0	0	0	0	0

4.4 Retention

Work streams where by plans are developed to encourage our current staff to continue with their valued efforts of providing high quality care to our patients, are continuing. These include

- The implementation of the incentive packages to encourage more staff to join and work for our nurse bank
- The release of the 'Key to Care' initiative which is a support package for the agency nurses and single contracted bank staff who work within our trust. This includes 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 them 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 for summer of 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

6.0 Workforce Dashboard Threshold

Falls	1 or more serious	All moderate	Nil
Grade 4 Pressure Ulcer	>1	1	Nil
Medication errors	>3	1-3	Nil
New ST Harm free	<90%	91-95%	>95%
Complaints	>1	1	Nil
FFT	<90%	91-95%	>95%

Appendix One: September 2016 Workforce Dashboard

Safe Staffing Performance Dashboard - October 2016

Ward Level Staffing - Average Fill Rates for month October 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/mid wives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/mid wives (%)	Average fill rate - care staff (%)	Exeption report		Data: Ward health Check	Data: DATIX	DATA: PUNT	DATA: WARD HEALTH CHECK	DATA: WARD HEALTH CHECK	DATA: WARD HEALTH CHECK	DATA: WARD HEALTH CHECK
GRANTHAM DISTRICT HOSPITAL													
Ward 1	97.1%	89.0%	99.0%	92.0%		4.8	0	0	0	2	100%	0	100%
Ward 2	94.7%	104.3%	91.6%	96.8%		5.2	0	0	0	4	100.00%	0	91%
Ward 6	92.1%	96.5%	109.7%	96.8%		6.9	0	0	0	0	100.00%	1	100%
EAU	92.9%	92.3%	97.8%	95.2%		6.0	0	0	0	0	90.00%	0	93%
Critical Care Unit	95.3%	88.1%	86.5%	-	High vacancy rate - some be	19.1	0	0	0			0	
LINCOLN COUNTY HOSPITAL													
Ashby	93.0%	149.4%	98.4%	182.0%	shifts correspond to accuity levels and need for enhanced care	7.9	0	0	0	0	100.00%	0	100%
Bardney	93.3%	93.0%	100.7%	87.5%		12.0	0	0	0	0		0	100%
Branston	93.3%	81.0%	101.5%	90.3%		10.8	0	0	0	1	95.00%	1	88%
Burton	105.5%	94.4%	98.8%	93.5%		4.8	0	1	0	4	100.00%	0	100%
Carlton Coleby	97.3%	88.8%	131.2%	94.6%	Temporary uplift to template agreed following recent risk summit	4.9	0	1	0	7	100.00%	2	88%
Clayton	95.3%	99.5%	96.9%	97.5%		5.2	0	0	0	2	100.00%	0	85%
Dixon	161.0%	136.7%	98.9%	97.7%	Temporary uplift to template to manage additional beds and enhanced care	4.7	0	0	0	12	100.00%	1	88%
Digby	92.0%	94.7%	97.1%	93.5%		4.1	0	0	1	5	97.00%	0	67%
Greetwell	95.7%	100.8%	105.8%	94.6%		4.0	0	0	0	2	100.00%	0	85%
Hatton	97.6%	88.3%	103.2%	92.2%		4.6	0	0	0	2	100.00%	1	100%
ICU	97.6%	48.4%	86.3%	9.7%	HCSW not always replaced - not a new issue, suggest discussions re template	24.8	0	0	0	1	100.00%	0	
Johnson	93.4%	125.7%	102.3%	123.4%	Shift fill rates correspond to accuity and dependency with alternate grade (skill mix) used from existing staff rather than external where safe to do so	12.1	0	0	0	2	96.00%	0	89%
Lancaster	102.4%	97.5%	106.6%	130.4%	Rates correspond to enhanced care and acuity of patients	5.1	0	0	0	0	95.00%	1	100%
Navenby	107.9%	111.6%	101.1%	95.2%	Temporary uplift to template on a late shift	4.8	0	0	0	2	100.00%	0	60%
Nettleham	99.6%	84.4%	93.9%	72.1%		2.1	0	0	0	1		0	
Neustadt Welton	98.4%	103.4%	99.6%	98.2%		4.6	0	0	1	2	88.00%	0	100%
Nocton	100.4%	56.0%	76.5%	60.6%	10 cots remain closed- considering new model of care	11.0	0	0	0	1		0	
Rainforest	105.6%	130.0%	103.2%	163.9%	High levels of un registered shifts, high levels of using up unused hours? Suggest template review	10.9	0	0	0	6		0	91%
Shuttleworth	95.3%	102.2%	99.5%	109.7%		6.0	0	2	0	3	100.00%	1	94%
Stroke Unit	92.9%	97.1%	100.1%	95.2%		6.2	0	0	0	3	100.00%	1	94%
Waddington Unit	93.7%	83.5%	99.0%	158.1%	Rates correspond to acuity and enhanced care	4.2	0	0	0	4	93.00%	0	77%
MEAU	97.7%	85.6%	94.5%	92.9%		13.0	0	0	0	9	100.00%	1	84%
SEAU	90.9%	96.4%	100.6%	93.5%		7.4	0	0	0	1	100.00%	0	82%
PILGRIM HOSPITAL, BOSTON													
Acute Cardiac Unit (formerly Coronary Care Unit)	97.8%	88.1%	88.4%	119.4%	Increased HCSW on nights instead of RN as considered appropriate	6.4	0	0	0	1	100.00%	0	82%
Labour Ward	109.2%	86.5%	101.2%	100.8%	Extended shifts leading to increased fill v template.	10.6	0	0	0	0		0	100%
Neonatal	79.1%	117.3%	82.8%	148.4%	Template needs review to accommodate different model	16.5	0	0	0	1		0	
Stroke Unit	103.8%	106.2%	101.0%	102.7%	HCSW and AP shifts being used where safe to cover RN gaps	6.0	0	1	0	3	89.00%	0	86%
3A	91.1%	121.7%	100.2%	103.2%	Authorised use of additional staff in the afternoon to manage medical outliers and corresponding acuity	5.3	0	0	0	1	96.00%	1	91%
3B	93.1%	108.7%	98.8%	141.5%	Duties correspond to high acuity	5.3	0	2	0	2	90.00%	4	80%
Paediatric Ward - 4A	70.6%	55.9%	92.2%	50.0%	5 beds remain closed and alternative models of care are being explored	16.6	0	0	0	1		0	91%
5A	85.6%	124.6%	104.0%	111.4%	Fill rates correspond to high acuity at night	6.5	0	1	0	3	94.00%	0	77%
5B	78.2%	107.2%	96.2%	101.6%	Alternate grade used (skill mix)	5.3	0	0	0	3	100.00%	0	84%
6A	91.3%	93.7%	98.0%	103.5%		5.3	0	0	0	3	100.00%	0	100%
6B	91.6%	99.1%	103.4%	97.7%		5.5	0	0	0	0	100.00%	0	88%
7A	88.1%	94.3%	101.6%	93.4%		5.0	0	0	0	0	100.00%	1	77%
7B	101.0%	91.4%	118.1%	132.6%	Rates correspond to enhanced care and high acuity	6.7	1	1	0	6	100.00%	0	73%
8A	102.1%	104.1%	113.1%	119.8%	Escalation beds open plus a clinic is being run from this area. Template has been reviewed	5.2	0	0	0	6	100.00%	0	80%
M2	82.6%	86.5%	102.6%	95.2%		6.9	0	0	0	0	100.00%	0	74%
AMU (formerly CDU)	82.0%	99.4%	124.5%	110.1%	Temporary uplift to template for staff on nights	9.1	0	2	0	9	100.00%	0	97%
Bostonian	95.8%	97.9%	103.2%	96.8%	Unfilled registered staff managed by alternate grade.	5.5	0	0	0	0	100.00%	0	90%
ITU	85.8%	112.8%	89.4%	3.5%	HCSW shifts not always filled	26.3	0	0	0	0	100.00%	0	

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	875,537						
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	101,537	-484,000	-535,000	-451,000	-294,896	-217,000	-268,000