

United Lincolnshire Hospitals

NHS Trust

To:	Trust Board
From:	Michelle Rhodes, Director of Nursing
Date:	7 th June 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 Penny Snowden, Deputy Chief Nurse										
Purpose of the Report:	<p>This report provides the required assurance that ULHT has appropriate nurse staffing levels across all in-patient ward areas and appropriate systems in place to manage or mitigate patient safety risk to ensure that patient care and staffing demands are aligned.</p> <p>In order to provide greater transparency, the report also includes triangulates staffing levels against appropriate nurse quality measures. The report includes a brief summary of nursing vacancies, nurse recruitment and agency expenditure</p>										
The Report is provided to the Board for:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 5px;">Decision</td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; padding: 5px;">Discussion</td> <td style="border: 1px solid black; width: 20px; text-align: center;">X</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">Assurance</td> <td style="border: 1px solid black; width: 20px; text-align: center;">X</td> <td style="border: 1px solid black; padding: 5px;">Information</td> <td style="border: 1px solid black; width: 20px; 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 To reduce reliance on agency staffing to 3% 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

- I. This report on ULHT Appropriate Nurse Staffing contains information from the month of April 2016. The report provides information on staff in post, nurse vacancies and includes quality measures at ward level which are reported by exception.

2 Context and Background

- I. The expectation is the Board 'take full responsibility for the care provided to patients and, as a key determinant of quality, take full and collective responsibility for nursing care capacity and capability'.
- II. Nurse staffing updates are submitted to NHS England via UNIFY each month and from June 2016 will include Care Hours Per Patient Day (CHPPD)
- III. The Director of Nursing meets with the Senior Nursing Team weekly to discuss nurse/ midwifery staffing levels, recruitment and expenditure of temporary staffing.
- IV. Monthly progress is submitted to the Sub board Workforce and Organisational Development Committee and Trust Board which has to date outlined fill rates, recruitment and agency expenditure.

3 ULHT Staffing Information

3.1 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 April 2016. The table reports that the fill rate has slightly increased from March particularly in the day (data in brackets)

Table One: NQB Average Fill Rates for Registered and Unregistered Staff April 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 (%)
90.7 (87.9)	103 (94.9)	97.1 (97.1)	109.7 (105.4)

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. Fill rates for registered nurses on days for Pilgrim and Lincoln have improved. Unregistered fill rates both day and night on all sites has improved.

Table Two: NQB Average Fill Rates for Registered and Unregistered Staff April 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	85.8 (85.7)	94.5 (79.7)	95 (93.8)	96.4 (94.0)
LCH	93.2 (89.8)	95.6 (91.4)	96.9 (95.9)	103.1 (95.9)
PHB	88.9 (85.8)	115.7 (104.7)	98.1 (99.9)	121.8 (116.9)

Appendix one provides Trust Board with a new dashboard which summarises ward by ward performance data that contains:

- Total monthly actual fill rates against planned
- The current “red flag” data
- Key Patient Safety Indicators
- Key Patient Experience Indicators

It is worth remembering that the total monthly actual staff hours worked information is taken from Health E-Roster does not include the work undertaken by Clinical Nurse Specialists

Monthly fill rates can either exceed or be below 100% to meet the changing demands of patient activity, dependency and acuity.

It must be noted that the presentation of average fill rate of planned shifts data in this way is open to misinterpretation as the non-registered pool is small in comparison to the registered pool, therefore one HCA vacancy or extra shifts worked will have a disproportionate effect on the percentage level. This is more prevalent in areas such as paediatrics e.g. Ward 4A at Pilgrim.

3.2 Operational Mitigation of Staffing Shortfalls

On Lincoln and Pilgrim site, an operational matron meets with the senior nurse bleep holders to discuss staffing at intervals throughout the day highlighting shortfalls over the next 12-24 hours.

The shift is the Rag rated according to the following definition:

- Green - fully staffed & safe
- Amber – shortfalls, but mitigated
- Red – Shortfall in staffing, unable to mitigate, declared unsafe

To mitigate shortfalls the following range of actions may be taken:

- Move non-clinical staff into clinical roles
- Reduce template on areas with closed or empty beds

- Review staff in a supervisory clinical role, such as Ward Sisters or Clinical Educators.
- Liaise with outpatient areas to support in-patient wards
- Consider replacing registered staff with a lower banded role, or AHPs.
- Review eRoster to see whether it is appropriate to bring forward shifts from later in the week.
- In severe shortfalls, non-essential staff training or meetings may be cancelled or postponed.

If the following actions cannot be undertaken or do not mitigate the risk, the escalation process outlined in the Standard Operating Procedure for booking Agency Staff is followed if bank staff cannot be secured.

Forward workforce planning is also undertaken via the weekly ward sisters and matrons meetings.

3.3. Limitations with current Red Flag system

A “red flag” is assigned to a shift where one of more of the following are present:

1. Insufficient RN’s on shift to provide templated direct patient care requirements
2. Skill mix in RN’s does not match template requirement
3. Less than 75% of staff on duty are ULHT employed staff or bank/regular agency staff
4. Escalation beds open
5. Exceptional dependency/ acuity exceed the professional capacity of the staff on duty.

The limitations of the current system is that data completion rate from the Senior Nurses is poor leading to incomplete data set and therefore impossible to draw conclusions. Additionally, patterns such as 90 red flags on four different ward areas at Pilgrim also suggest possible data quality issues. It is proposed to rectify this by have a central person to submit the data with monthly deadlines set for the year. An escalation process for nil returns will also be developed.

The definition of a red flag requires modification; one to take into consideration greater blending of skill mix and secondly the process of opening escalation beds to ensure that appropriate staffing is part of the documented decision making process. It is planned that the nursing workforce group review the “Red Flag” thresholds and process to ensure that there is more robust data which triangulates staffing levels against quality.

3.4 Acuity and Dependency of Patients

To ensure that planned staffing levels are accurate, an audit of acuity and dependency using the Safer Care Tool needs to be undertaken. It is planned that this audit is undertaken in September 2016 which will inform the next bi-annual Director of Nursing’s workforce report for Trust Board.

It is also recognised that greater assurance on a daily basis regarding having appropriate staffing levels to meet acuity and dependency needs of patients is required. In recognition, a business case has been developed to use the Safe Care module for ERoster. The significant benefit of the module is the senior nurses would have at real time, a heat map of where staffing does not reflect patient need and know where staff can be relocated safely across the site.

3.5 Care Hours Per Patient Day (CHPPD)

The Lord Carter Review recommended that Care hours per patient day (CHPPD) is collected to ensure that workforce and financial plans are consistent in order to optimise deliver of clinical quality and use of resources.

From May 2016, CHPPD will become the principle measure of nursing and care support deployment, with the expectation that it will form part of an integrated ward/unit level quality framework and dashboard encompassing patient outcomes, people productivity and financial sustainability. It is planned that this data will be added to the dashboard in Appendix One.

By collecting CHPPD each month, a national picture will emerge which means ULHT will be able to compare staffing metrics including CHPPD, sickness rates, agency costs and local quality data including pressure ulcers, falls and patient experience information to other trusts and identify areas where we need to improve. However, it is noted that elements such as medical outliers on surgical wards will alter the CHPPD but not be captured through the national data as it formula is based on the speciality of the host ward.

The Trust has agreed a process for data collection is ready to commence data submission on the 12th June 2016

4 Staffing Information

4.1 Vacancies

The current vacancy position continues to cause considerable challenge in delivering the staffing needs of the wards and departments particularly given that registered nurse vacancies have increased by 15.76%. Clinical teams are spending time moving staff and mitigating risk. Active recruitment is ongoing but applicants are limited.

Table Three: April 2016 current vacancy position

VACANCY POSITION								
	Jan-16		Feb-16		Mar-16		Apr-16	
	Data from Payroll		Data from Payroll		Data from Payroll		Data from Payroll	
	R	UR	R	UR	R	UR	R	UR
Lincoln	110.79	35.76	112.29	29.38	116.25	16.73	151.27	21.11
Pilgrim	103.92	10.38	107.48	11.22	106.62	11.95	111.86	19.01
Grantham	28.36	10.17	28.78	9.54	30.91	8.97	33.00	6.83
Main Site Nursing & Midwifery Sub-total	243.07	56.31	248.55	50.14	253.78	37.65	296.13	46.95
Louth	3.69	3.20	3.69	4.00	3.69	3.00	4.42	3.00
Paediatrics & Neonatal	22.93	10.19	24.62	10.19	26.47	7.72	32.18	7.33
Obs & Gynae	22.20	2.53	27.22	2.69	27.86	1.05	25.39	1.38
Diagnostics	0.15	5.63	2.03	4.83	0.43	2.23	7.33	-0.08
Corporate Nursing – All Sites	12.65	4.12	10.16	7.01	8.57	6.81	9.16	4.07
Specialist Nursing – All Sites	1.42	0.19	-1.06	0.19	-1.79	0.19	-5.33	0.40
Nursing & Midwifery Sub-total	306.11	82.17	315.21	79.05	319.01	58.65	369.28	63.05
Physiotherapy	10.21	-1.47	8.21	-1.96	9.64	-0.96	8.92	-1.59
Occupational Therapy	6.93	2.48	7.33	3.48	8.21	4.17	6.70	2.06
Dietetics	3.28	0.00	3.28	0.00	2.28	0.00	2.00	0.00
Total	326.53	83.18	334.03	80.57	339.14	61.86	386.90	63.52
Nursing & Midwifery Changes	5.05%	-13.78%	2.97%	-3.80%	1.21%	-25.81%	15.76%	7.50%
-VE : Reduced Vacancy								
+VE : Increased Vacancy								

4.2 Recruitment and Retention

The Trust's Recruitment and Retention Group is led by the Director of Human Resources and continues to work to deliver improvements in staffing and reports bi-weekly to the Quality Improvement Board chaired by the CEO.

The Trust is planning to welcome 93 newly qualified nurses to the workforce in Autumn. Two newly qualified nurses have dropped out and have been contacted by the relevant heads of nursing to encourage them to rethink.

The Trust continues to be involved in overseas recruitment. The first recruitment visit to Philippines led to 130 jobs being offered and currently the Trust is supporting the nurses to successfully complete their IELTS at level 7 to gain NMC registration. The second recruitment visit to the Philippines is in progress and the Trust awaits the outcome but is hoping to offer 50 posts.

Discussions are also being held with a neighbouring provider who due to organisational change may require assistance in redeploying staff.

In view, of the various recruitment initiatives, turnover etc. improvement trajectories (please see Appendix 2) for improving nurse staffing establishments over the next five years have been generated. Assumptions made in calculating those trajectories are also outlined in Appendix 2.

4.3 Reducing Reliance and Expenditure on Agency Staff

The Director of Nursing chairs the weekly Nursing Workforce meeting where utilisation of agency staff is discussed as well as other initiatives such as improving uptake of bank shifts. An action plan has been formulated to support the working group as outline in Appendix Three. Key Performance Indicators with milestones have been added to the work programme to evidence grip, pace and delivery of the project.

Appendix four provides information on the number and trends of requests for agency shifts according to whether the agency used is on or off framework, above or below price cap. Whilst the total number of agency nurses booked that were off framework during April remained fairly static, the number that were above cap increased from 345 to 434. This is due to the changes in national tariff prices which have been set but the Agencies currently have not agreed to comply with those set tariff prices leading to fewer agencies that conform to the agency cap. Those that do, can often not source the required number of agency nurses leading to utilising above cap agencies to ensure that wards are appropriately staffed.

The target set for the Trust is challenging particularly as Agencies are not adopting the national tariff price together with the level of requests required as a result of escalation beds open on each of the three sites and vacancies levels. The attainment of the target is at significant risk.

5 Key Challenges

- Recruitment of Band 5 nurses particularly on the Pilgrim Site
- Achieving the Agency Reduction Target

- To ensure that posts offered to non EU overseas nurse convert to NMC registered nurses

6 Key Quality and Safety Measures and Information

Hard Truths Commitments Regarding the Publishing of Staffing Data (Care Quality Commission, March 2014) states 'data alone cannot assure anyone that safe care is being delivered. However research demonstrates that staffing levels are linked to the safety of care and that fewer staff increases the risks of patient safety incidents occurring.'

In order to assure the board of safe staffing on wards the following nursing quality and patient experience information as outlined in Appendix One has been collated to provide triangulation and assurance. The Quality Report provides the board further information regarding quality performance but Table 4 outlines the action taken with regards to hotspot wards

Table 4: Action taken to mitigate patient risk on “hotspot” wards

Ward	Actions Taken
AMU	Pathway visit undertaken. Action taken as a result of site risk summit. Change to agency booking process for AMU to increase fill rates. Second phase on international recruitment focused on Pilgrim
7B	Full ward assessment against fundamental standards and ward improvement plan in place. Change in nurse leadership. Follow up visit completed with improvements noted
Dixon	Risk summit undertaken with decision to develop a plan to close 6 escalation beds. Internal staff movement underway to strengthen skill mix on the ward. Using support staff to release ward sister's time to undertake assurance visits
Waddington	Remains under surveillance as red flags due to lack of chemotherapy trained nurses for which an action plan is in place led by the business unit and lead cancer nurse. Aiming to close consistently 6 escalation beds
Carlton-Coleby	Long terms sickness of charge nurse leading to leadership issues. Mitigated by increased visibility of Matron and another ward sister providing leadership support. Risk Summit has been undertaken with increased assurance visits and action plan
CCU	Red flags due to vacancies – number of beds closed to mitigate risk

6.0 Conclusion

This paper has provided the committee with the required overview and assurance that all wards were appropriately staffed against agreed safe staffing levels during April, and appropriate actions were taken when concerns were raised. All Trusts are required to ensure the validity of data by triangulating information from different sources prior to providing assurance which has been undertaken in formulating this report.

7.0 Recommendations

The board is requested to

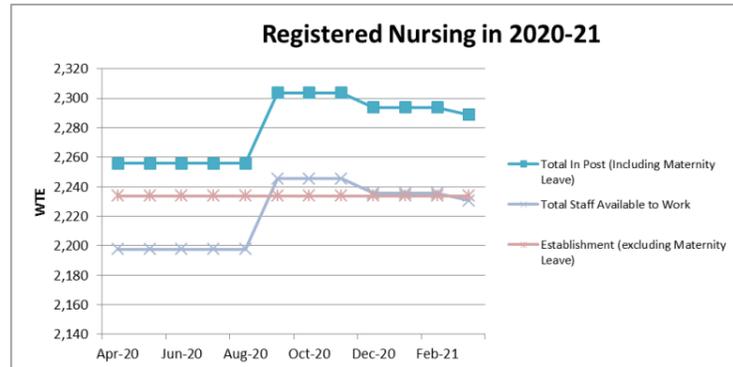
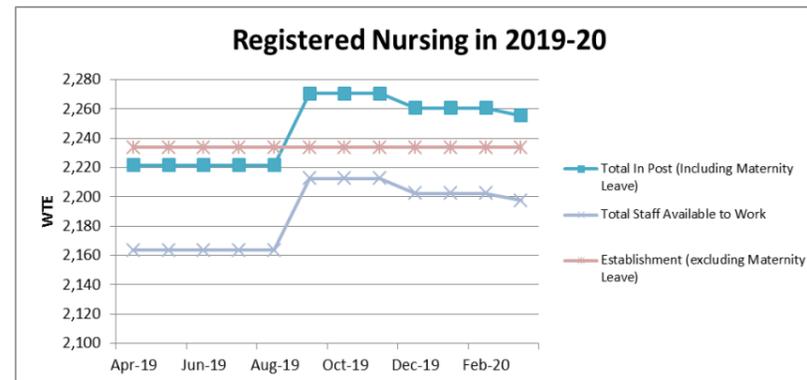
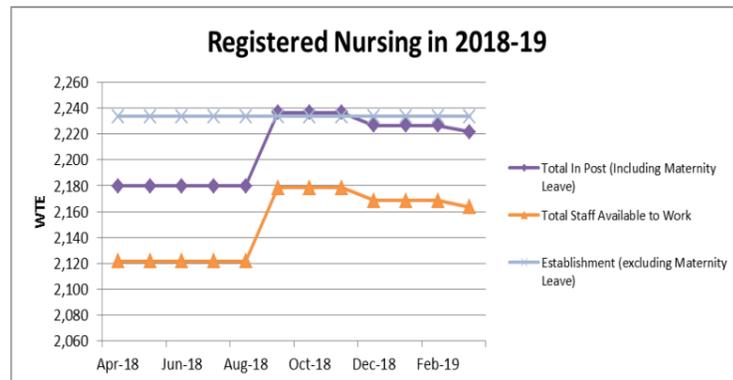
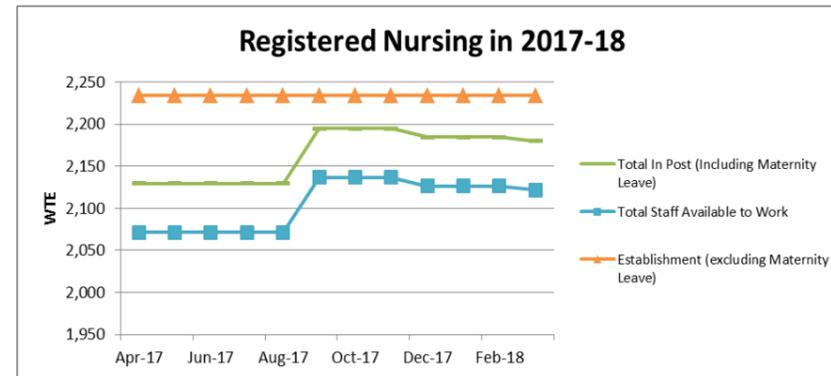
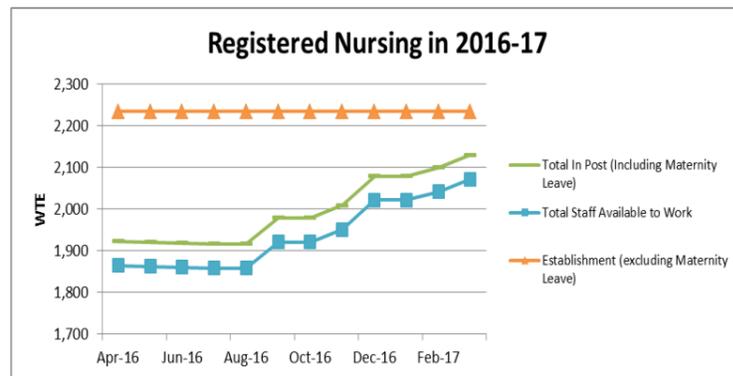
- To note the content of the report and be fully assured that appropriate information is being provided to meet the national and local requirements.
- The information on safe staffing and the impact on quality of care.
- To consider the inclusion of data of Accident and Emergency staffing which falls outside the NQB submission in future reports
- To consider the usefulness of the workforce dashboard

- To note that achieving the required reduction in agency expenditure is currently at significant risk

Appendix One: April Workforce Dashboard

Safe Staffing Performance Dashboard - April 2016													
Ward Level Staffing - Average Fill Rates for month April 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/mi dwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/mi dwives (%)	Average fill rate - care staff (%)									
GRANTHAM DISTRICT HOSPITAL													
Ward 1	85.8%	92.3%	93.3%	87.2%	2		0	0	0	1		0	93%
Ward 2	75.9%	98.3%	96.7%	98.3%			0	0	0	0		0	91%
Ward 6	99.5%	96.3%	100.0%	98.3%			0	0	0	0		1	95%
EAU	89.3%	95.0%	105.6%	101.7%			0	0	0	1		0	98%
Critical Care Unit	78.7%	90.6%	79.6%	-			0	0	0	0		0	100%
LINCOLN COUNTY HOSPITAL													
Ashby	92.5%	123.6%	98.3%	189.5%	0		0	0	0	1	92.00%	0	N/A
Bardney	91.0%	93.7%	95.8%	93.6%	no data		0	0	0	0	N/A	0	100%
Branston	77.2%	58.9%	98.3%	100.0%	no data		0	0	0	0	100.00%	0	93%
Burton	92.1%	91.1%	91.9%	99.0%	4		1	0	0	1	95.00%	0	100%
Carlton Coleby	97.0%	83.2%	103.6%	101.7%	8		0	1	0	6	100.00%	1	71%
Clayton	99.7%	114.8%	102.5%	113.3%	3		0	0	0	1	100.00%	1	83%
Dixon	90.8%	102.7%	95.6%	103.8%	27		0	0	0	3	100.00%	0	67%
Digby	94.1%	94.3%	95.7%	100.0%	8		0	0	0	0	96.00%	1	80%
Greetwell	87.0%	98.7%	97.8%	110.8%	8		0	0	0	0	100.00%	1	92%
Hatton	89.9%	101.3%	95.7%	104.2%	19		0	0	0	3	100.00%	0	100%
ICU	91.6%	78.5%	92.0%	10.0%	5		0	0	0	6	100.00%	0	N/A
Johnson	91.3%	97.3%	99.0%	105.0%	6		1	0	0	1	100.00%	1	95%
Lancaster	94.5%	93.3%	98.4%	109.5%	7		0	0	0	0	100.00%	0	100%
Navenby	91.9%	106.5%	96.5%	116.7%	5		0	1	0	1	100.00%	1	83%
Nettleham	101.1%	80.2%	102.0%	77.0%	no data		0	0	0	3	100.00%	0	80%
Neustadt Welton	89.8%	110.4%	99.8%	89.9%	9		0	0	0	1	100.00%	3	58%
Nocton	96.6%	67.6%	84.2%	79.5%	no data		0	0	0	1	N/A	0	N/A
Rainforest	114.8%	139.8%	98.3%	135.8%	2		0	0	0	4	N/A	0	25%
Shuttleworth	94.3%	93.7%	98.3%	96.0%	12		0	0	0	2	92.00%	2	100%
Stroke Unit	88.4%	96.5%	95.0%	101.6%	16		0	1	0	1	100.00%	1	87%
Waddington Unit	94.8%	93.7%	97.9%	138.9%	37		0	0	0	0	93.00%	0	81%
MEAU	91.4%	82.2%	92.5%	97.3%	21		0	0	0	0	94.00%	0	84%
SEAU	91.9%	96.2%	98.7%	98.3%	18		0	0	0	0	100.00%	0	80%
PILGRIM HOSPITAL, BOSTON													
Acute Cardiac Unit (formerly Coronary Care Unit)	100.2%	94.5%	95.6%	110.0%	0		0	0	0	1	100.00%	1	100%
Labour Ward	91.8%	121.8%	101.4%	99.5%	no data		0	0	0	1	N/A		100%
Neonatal	80.0%	123.9%	78.3%	156.7%	no data		0	0	0	0	N/A		N/A
Stroke Unit	93.2%	112.2%	94.2%	98.7%	1		0	0	0	1	100.00%	1	69%
3A	93.9%	168.3%	93.4%	171.4%	21		0	0	0	0	95.00%	1	86%
3B	92.6%	116.4%	98.9%	149.6%	11		0	2	0	2	93.00%		91%
Paediatric Ward -4A	74.2%	49.5%	91.7%	47.3%	10		0	0	0	1	N/A		46%
5A	91.1%	127.1%	100.0%	139.6%	8		0	2	0	2	91.00%		78%
5B	87.4%	121.1%	96.3%	98.3%	3		0	1	1	1	95.00%		95%
6A	94.6%	107.6%	97.8%	141.4%	90		0	0	0	0	96.00%		96%
6B	88.0%	106.7%	91.0%	105.2%	90		0	1	0	0	100.00%	1	100%
7A	83.8%	95.8%	95.0%	101.0%	2		0	0	0	1	90.00%		95%
7B	76.8%	88.3%	91.3%	96.7%	90		1	0	0	2	96.00%	1	78%
8A	105.1%	136.6%	140.0%	119.7%	90		0	0	0	0	100.00%	1	86%
M2	93.1%	158.4%	94.9%	190.6%	4		1	1	0	0	N/A		68%
AMU (formerly CDU)	78.7%	106.9%	112.5%	114.9%	59		0	0	0	3	100.00%	3	88%
Bostonian	86.3%	131.2%	94.9%	129.5%	3		0	0	0	2	100.00%	2	80%
* not complete data sets submitted													
Fill Rates >95% Green, Amber 85-95% and Red <85%													

Appendix Two:



- Newly Qualified Nurses – 70 in 2016-17 and 80 each year thereafter. It is assumed that 10 NQNs from each annual cohort are lost each year through natural wastage
- Overseas Nurses – 100 assumed in Tranche 1 (49 Lincoln, 43 Pilgrim and 8 Grantham) and now only 50 assumed in Tranche 2 (all to Pilgrim). It is assumed that 10% of such nurses from each cohort are lost each year through natural wastage – 10 each year from Tranche 1 and 5 from Tranche 2.
- Retirement – on average the Trust has lost 42wte registered nurses each year due to retirement. No reason to assume this will change, particularly given the age profile of current staff.
- Maternity Leave – the average number of registered nurses on maternity leave over the last 12 months was 45wte - no reason to assume that this will change so have deducted this from the 'total in post' to show availability and have compared this with the funded establishment (adjusted for maternity leave exclusion).
- Escalation beds – 89 beds and has been split between Lincoln and Pilgrim and the establishment has therefore been adjusted to show a total of 62.34wte registered nurse increase.

Appendix Three: Reducing Reliance and Expenditure on Agency Staff Improvement Plan

Agency action plan							
AREA	KEY MILESTONES	Key Performance Indicator	DIAG TOOL KIT ACTION	TIMEFRAME	Financial assumption	LEAD	UPDATE
1. Escalation Beds	Additional beds	Improved AE performance/18 weeks RTT		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	Reduction in bank and agency spend		1st February 2016	Agency stopped for HCSW	Director of Nursing	Completed
	Direct Booking Implemented Lincoln Medicine	Reduction in bank and agency spend	Y	8th February 2016	5 wards: > 1000hrs average shifts per month to reduce 1 x 12 hr shift per 48hr period. Commence March 1st 2016 23 wards: > 400 < 999hrs average shifts per month to reduce 1 x 7hr shift per 48hr period. Commence March 1st 2016	Heads of Nursing (Lincoln)	Completed
	Direct Booking Implemented Trust Wide	Reduction in bank and agency spend	Y	15th February 2016	5 wards: > 1000hrs average shifts per month to reduce 1 x 12 hr shift per 48hr period. Commence March 1st 2016 23 wards: > 400 < 999hrs average shifts per month to reduce 1 x 7hr shift per 48hr period. Commence March 1st 2016	Heads of Nursing	Completed
	Re-engagement with all >6 month inactive bank staff. Dedicated resource assigned	Reduction in bank and agency spend	Y	2nd February 2016	Bank utilisation increase: 5% in May; 2.5% June profiled to 40% fill rate in March 2017		Completed
	Increase in bank fill rates and reduction in agency use	Reduction in bank and agency spend	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	Reduction in bank and agency spend	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	Reduction in bank and agency spend	Y	1st April 2016	Bank utilisation increase: 5% in May; 2.5% June profiled to 40% fill rate in March 2017	Director of Finance	In progress
	Employee on-line outline business cased approved (Cloud services)	Reduction in bank and agency spend	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	Reduction in bank and agency spend	Y	30th April 2016	Bank utilisation increase: 5% in May; 2.5% June profiled to 40% fill rate in March 2017	Project Manager	Completed
	Relaunch of Staff Bank (Comms etc)	Reduction in bank and agency spend	Y	30th March 2016	Bank utilisation increase: 5% in May; 2.5% June profiled to 40% fill rate in March 2017	Project Manager	Completed
	Review Roster Period to 28th March 2016 to forecast potential agency spend	Reduction in bank and agency spend	Y	12th February 2016		Project Manager	Completed
	Review cost of Overtime 'v' Enhanced bank payments	Reduction in bank and agency spend	Y	12th February 2016		Finance Manager	Completed
Centralisation of Bank Office teams & review working hours to increase bank utilisation	Reduction in bank and agency spend	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.	Reduction in vacancy	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	Reduction in vacancy	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	Reduction in vacancy	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, reduction in bank and agency	Reduction in vacancy	Y	30th September 2016	5 wards: > 1000hrs average shifts per month to reduce 1 x 12 hr shift per 48hr period. Commence March 1st 2016 23 wards: > 400 < 999hrs average shifts per month to reduce 1 x 7hr 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	Reduction in vacancy	Y	15th January 2017	5 wards: > 1000hrs average shifts per month to reduce 1 x 12 hr shift per 48hr period. Commence March 1st 2016 23 wards: > 400 < 999hrs average shifts per month to reduce 1 x 7hr shift per 48hr period. Commence March 1st 2016	Heads of Nursing	In Progress
	Establish a Nursing & AHP Student Forum	Reduction in attrition	Y	31st March 2016		Deputy Chief Nurse	In Progress
Complete review Preceptorship programme	Reduction in attrition	Y	31st March 2016		Deputy Chief Nurse	Completed	
4. Sickness Absence Management	Nursing led sickness plan approved and implemented. Including a revised sickness policy.	Reduction in bank and agency spend	Y	31st March 2016	5 wards: > 1000hrs average shifts per month to reduce 1 x 12 hr shift per 48hr period. Commence March 1st 2016 23 wards: > 400 < 999hrs average shifts per month to reduce 1 x 7hr shift per 48hr period. Commence March 1st 2016	Director of HR/Deputy Chief Nurse	In Progress
	Enhanced KPI's to ward level implemented. Accountability framework developed, to be reflected in revised Roster Policy, including SOP	Reduction in bank and agency spend	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	Reduction in bank and agency spend		1st April 2016		Director of Nursing	
	Nursing Students to be allocated via HealthRoster	Reduction in bank and agency spend	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	Reduction in bank and agency 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 Annual Leave %	Reduction in bank and agency 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
	Reduction in overtime spend	Reduction in bank and agency 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	Reduction in bank and agency 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	
5. Rostering Practices	Selection process of final placements for 3rd year Nursing Students	Reduction in vacancy	Y	31st May 2016		Deputy Chief Nurse	Completed
	Utilisation of Igniting Improvement methodology	Reduction in bank and agency spend	Y	22nd February 2016		Head of Nursing Lead	Completed
	Identify full-time HoN lead	Reduction in bank and agency spend	Y	12th February 2016		Director of Nursing	Completed
	Allocate staffing resource to project	Reduction in bank and agency spend	Y	22nd February 2016		Director of Nursing	Completed
6. 1:1 Specialising	Develop Trust Policy	Reduction in bank and agency spend	Y	8th February 2016		Heads of Nursing (Pilgrim)	In Progress
	Alternative staffing models to be considered in six agreed wards	Reduction in bank and agency spend/improve attrition rates	Y	11th February 2016	5 wards: > 1000hrs average shifts per month to reduce 1 x 12 hr shift per 48hr period. Commence March 1st 2016 23 wards: > 400 < 999hrs average shifts per month to reduce 1 x 7hr 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
7. Multi- Disciplinary Workforce reviews	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	Completed

Appendix Three: Agency CAPS (Rolling data – Nursing Staff) as at 08/05/2016

		https://ntda-dev.apdatasolutions.co.uk/Content/workforce/agency_control.asp										
		Trend	07/03/16	14/03/16	21/03/16	28/03/16	04/04/16	11/04/16	18/04/16	25/04/16	02/05/16	
Shift Information Previous Week												
Staff Group	Control											
Nursing, Midwifery & Health Visiting	Framework only		329	349	324	298	271	288	256	286	290	
Nursing, Midwifery & Health Visiting	Price cap only		275	305	290	286	345	387	371	428	434	
Nursing, Midwifery & Health Visiting	Both framework & price cap		207	235	215	228	207	231	202	247	264	
Healthcare assistant and other support	Framework only		0	0	0	1	0	0	0	0	0	
Healthcare assistant and other support	Price cap only		0	0	0	1	2	0	0	0	0	
Healthcare assistant and other support	Both framework & price cap		0	0	0	1	0	0	0	0	0	