

<b>To:</b>	Trust Board				
<b>From:</b>	Michelle Rhodes, Director of Nursing				
<b>Date:</b>	5 <sup>th</sup> July 2016				
<b>Essential Standards:</b>	Health and Social Care Act 2008 (Regulated Activities) Regulation 18: Staffing				
<b>Title:</b>	Monthly Nursing/Midwifery Workforce Assurance Paper				
<b>Author/Responsible Director:</b>	Michelle Rhodes, Director of Nursing Penny Snowden, Deputy Chief Nurse				
<b>Purpose of the Report:</b>					
<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.</p>					
<b>The Report is provided to the Board for:</b>					
<table border="1" style="margin: auto;"> <tr> <td style="width: 150px; height: 20px;">Decision</td> <td style="width: 30px; text-align: center;"> </td> </tr> </table>	Decision		<table border="1" style="margin: auto;"> <tr> <td style="width: 150px; height: 20px;">Discussion</td> <td style="width: 30px; text-align: center;">X</td> </tr> </table>	Discussion	X
Decision					
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<table border="1" style="margin: auto;"> <tr> <td style="width: 150px; height: 20px;">Assurance</td> <td style="width: 30px; text-align: center;">X</td> </tr> </table>	Assurance	X	<table border="1" style="margin: auto;"> <tr> <td style="width: 150px; height: 20px;">Information</td> <td style="width: 30px; text-align: center;">X</td> </tr> </table>	Information	X
Assurance	X				
Information	X				
<b>Summary/Key Points:</b>					
Please refer to the report					
<b>Recommendations:</b> Please refer to the report					
<b>Strategic Risk Register</b>	<b>Performance KPIs year to date</b>				
Risk Ref: 2 and 4	To reduce reliance on agency staffing to 3%				
	To reduce vacancy rates				
<b>Resource Implications (e.g. Financial, HR)</b> Continued expenditure on Temporary Staffing, Potential increased expenditure on lower productivity, increased potential for claims and financial expenditure due to low quality care provision					
<b>Assurance Implications:</b>					
<b>Patient and Public Involvement (PPI) Implications.</b> Potential for increased complaints due to inability to achieve 100% fill rate and increased reliance on temporary staffing as a result of nurse vacancies					
<b>Equality Impact</b>					
<b>Information exempt from Disclosure</b>					
<b>Requirement for further review?</b>					

## 1 Introduction

This report on ULHT Appropriate Nurse Staffing contains information for the month of May 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 May 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 May 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 (%)
90.8 (90.7)	101.1 (103)	98.9 (97.1)	103.4 (109.7)

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 May 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	85.93 (85.8)	94.8 (94.5)	96.1 (95.0)	92.7 (96.4)
LCH	93.1 (93.2)	92.3 (95.6)	97.32 (96.9)	98.80 (103.1)
PHB	89.2 (88.9)	111.7 (115.7)	101.8 (98.1)	111.7 (121.8)

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) – the risk has been mitigated through the closure of 5 beds
- AMU (PHB) – The low fill due to vacancies and difficulty to fill the posts with temporary staffing - the risk is partially mitigated by the ward sister working clinically. A review of quality and safety has been undertaken by the new Head of Nursing and no immediate concerns have been raised. The new Head of Nursing has been requested to review staffing and develop a staffing plan
- Ward 2 (GDH) are not currently staffing to the funded template as the ward undertaking a trial involving Assistant Practitioners hence the low fill rate. The Head of Nursing has requested a review of funded template
- Nocton (SCBU) – The risk is mitigated by the closure of 10 cots.

### **3.0 Care Hours Per Patient Day ( CHPPD)**


The Trust has submitted Care hours per patient day (CHPPD) data via Unify for the first month. The Trust is awaiting benchmarking data so that the Trust can assess if there is effective allocation of workforce resources. Approval of the safer care module of Allocate business case will enable the organisation to compare CHPPD against the actual CHPPD required by capturing acuity and dependency data at patient level

### **4.0 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 rate which highlights that registered staff vacancies remain fairly static at Trust and site level site. On all sites, an operational matron reviews staffing daily to ensure that staff are moved to mitigate risk to ensure patient safety is protected. Recruitment is in progress for unregistered staff. Active recruitment is ongoing for Registered Nurses but remains challenging. The Trust welcomes the NQN cohort in September 2016 and senior nurses are attending welcome sessions on each of the three sites. Regular contact is being maintained to prevent any attrition.

**Table Three: May 2016 current vacancy position**



Appendix 2 provides trajectory for the vacancy position for registered nurses for this financial year based on current recruitment plans

## 4.2 Recruitment and Retention

Recruitment continues. Overseas Nurses are progressing through the gateways. The NMC are amending the IELTS test to increase flexibility whilst still providing assurance regarding appropriate standard of English. This will be a welcomed boost to the Trust's Overseas recruitment campaign.

Adverts have now been placed in local RAF magazines and ULHT will be represented at the upcoming Lincolnshire Show as part of ongoing work with the Talent Academy.

Recruitment plans for September 2017 NQN cohort are currently being agreed.

Lincoln University will complete validation through NMC by the end of June to allow local support for the Return to Practice programme.


ULHT have will be represented at a number of School Careers Events throughout the county, working in collaboration with the Talent Academy.

## 4.3 Reducing Reliance and Expenditure on Agency Staff

Further work is required to reduce reliance and expenditure on agency staffing. Table 4 reports a fairly static position and the Trust is reporting an adverse position against trajectory on agency expenditure in Month 3 (Appendix 3). A paper has been formulated to outline incentives to increase bank fill rates and the working group are working on how they can be implemented. These incentives include Baker's Dozen and review of pay rates.

Work with NHSi regarding Enhanced Care continues which has led to a reduction in the number of hours requested (3401hrs from 4914). The next phase of the project is to implement across the whole organisation

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

Staff Group	Week Commencing 	02/05/2016	09/05/2016	16/05/2016	23/05/2016	30/05/2016
Nursing, Midwifery & Health Visiting	Framework only	290	335	312	270	285
Nursing, Midwifery & Health Visiting	Price cap only	434	539	579	558	586
Nursing, Midwifery & Health Visiting	Both framework & price cap	264	308	287	246	250
Healthcare assistant and other support	Framework only	0	1	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 through the New Models Working Group are developing more contemporary staffing models on wards utilising pharmacist technicians, assistant practitioner etc. This has been implemented on MEAU – LCH and Ward 2 – GDH. This is work will continue to evolve provide a more sustainable workforce for the organisation.

The Trust also intends to apply to be a test site for Nursing Associates and the application process is now open.

More fundamental drivers of agency use such as sickness and roster management continue to be integral to work plans.

## **6.0 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.

# Appendix One: May Workforce Dashboard

Safe Staffing Performance Dashboard - May 2016													
Ward Level Staffing - Average Fill Rates for month May 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 (%)									
<b>GRANTHAM DISTRICT HOSPITAL</b>													
Ward 1	87.8%	95.0%	94.5%	93.1%	No issues	4.3	0	0	0	0	100	1	93%
Ward 2	74.0%	96.1%	98.6%	96.8%	Low registered day shift- approx 37% of shifts not gone to bank- also poor fill rate for the remaining shifts	4.1	0	0	0	0	100.00%	1	81%
Ward 6	95.7%	97.7%	100.0%	95.2%	No issues	6.3	0	0	0	0	100.00%	0	92%
EAU	86.5%	91.8%	102.1%	85.6%	No issues	6.6	0	0	0	4	98.00%	1	95%
Critical Care Unit	85.7%	93.3%	85.2%	-	No issues	17.3	0	0	0	1	90.00%	0	100%
<b>LINCOLN COUNTY HOSPITAL</b>													
Ashby	92.4%	127.5%	98.4%	179.5%	High unregistered day and night shift- high dependency	8.5	0	0	0	0	92.00%	0	100%
Bardney	87.1%	93.7%	96.8%	98.7%	No issues	11.0	0	0	0	1	N/A	0	100%
Branston	79.7%	63.7%	100.0%	90.3%	Low registered/non registered day shift and not sent to bank	12.9	0	0	0	1	100.00%	0	84%
Burton	96.3%	83.7%	93.5%	102.8%	No issues	4.3	0	0	0	1	100.00%	0	100%
Carlton Coleby	90.9%	86.6%	98.8%	95.3%	No issues	4.4	0	0	0	2	100.00%	0	88%
Clayton	95.2%	96.4%	101.6%	111.3%	High unregistered night shift due to using up staff contracted hours	5.9	0	1	0	3	100.00%	1	88%
Dixon	92.3%	99.5%	101.1%	101.3%	No issues	4.1	0	0	0	2	100.00%	1	67%
Digby	89.4%	96.0%	102.4%	90.3%	No issues	4.0	0	0	0	4	96.00%	0	100%
Greetwell	86.5%	96.6%	91.5%	101.2%	No issues	4.0	0	0	0	0	96.00%	3	85%
Hatton	91.5%	99.8%	98.9%	97.1%	No issues	4.3	0	2	0	2	100.00%	1	100%
ICU	95.1%	62.9%	90.9%	38.7%	Low unregistered day and night shift not routinely backfilling	20.0	0	0	1	1	55.00%	0	N/A
Johnson	92.5%	98.5%	100.8%	98.4%	No issues	10.5	0	0	0	1	100.00%	0	93%
Lancaster	93.2%	93.3%	91.9%	107.5%	No issues	4.4	0	0	0	0	89.00%	0	89%
Navenby	94.7%	100.4%	98.9%	111.9%	High unregistered night/ high dependency	4.5	0	0	0	2	96.00%	1	50%
Nettleham	106.5%	88.8%	97.1%	87.1%	No issues	2.0	0	0	0	2	100.00%	0	97%
Neustadt Welton	95.4%	106.0%	101.2%	92.9%	No issues	4.6	0	0	0	1	92.00%	1	83%
Nocton	86.7%	66.4%	82.3%	53.5%	10 cots closed	13.6	1	0	0	1	N/A	0	N/A
Rainforest	106.1%	117.7%	100.2%	129.7%	High unregistered day and night shift/predominantly unused staff hours and a temp uplift	9.6	0	0	0	1	N/A	2	77%
Shuttleworth	94.2%	90.8%	98.5%	95.8%	No issues	6.1	0	0	0	0	82.00%	1	100%
Stroke Unit	90.7%	93.8%	98.5%	99.9%	No issues	5.2	0	0	0	0	100.00%	0	100%
Waddington Unit	96.1%	82.0%	99.2%	103.2%	No issues	4.4	0	0	1	1	93.00%	0	91%
MEAU	98.0%	86.2%	98.7%	94.4%	No issues	13.7	0	0	0	4	100.00%	0	85%
SEAU	91.1%	92.0%	97.0%	91.5%	No issues	7.4	0	0	0	2	100.00%	1	80%
<b>PILGRIM HOSPITAL, BOSTON</b>													
Acute Cardiac Unit (formerly Coronary Care Unit)	101.3%	98.5%	96.8%	103.2%	No issues	6.3	0	0	0	1	100.00%	0	94%
Labour Ward	78.5%	101.9%	102.6%	101.5%	Low registered day shift fill/ not sent to bank	14.4	0	0	0	1	N/A	1	100%
Neonatal	83.8%	129.2%	79.2%	161.3%	Cots closed ,low registered during the day and high unregistered night shift cited alternative grade	15.6	0	0	0	0	N/A	1	N/A
Stroke Unit	91.5%	121.9%	99.3%	104.9%	High unregistered during the day shift/high dependency	5.6	0	0	0	1	100.00%	0	79%
3A	93.8%	121.2%	96.8%	110.0%	High unregistered day and night shift/ high dependency and temp uplift	6.3	0	0	0	0	95.00%	0	80%
3B	102.3%	108.8%	100.7%	136.9%	High unregistered at night/high dependency	5.3	0	2	0	2	93.00%	2	69%
Paediatric Ward -4A	71.5%	58.6%	97.3%	50.1%	5 Beds closed	11.0	0	0	0	1	N/A	0	88%
5A	88.9%	118.1%	99.0%	121.8%	High unregistered day and night shift/ high dependency and alternative grade	6.5	0	2	0	2	91.00%	0	75%
5B	82.4%	112.2%	96.6%	95.8%	High unregistered day shift/alternative grade	5.5	0	1	1	1	95.00%	1	92%
6A	98.5%	104.3%	99.5%	132.5%	High unregistered night shift/high dependency	5.0	0	0	0	0	96.00%	0	93%
6B	94.4%	109.5%	99.9%	124.0%	High unregistered night shift/high dependency	4.7	0	1	0	0	100.00%	0	100%
7A	81.1%	102.5%	100.1%	122.4%	High unregistered night shift/high dependency	4.6	0	0	0	1	90.00%	0	89%
7B	91.5%	91.4%	100.1%	104.9%	No issues	5.3	1	0	0	2	96.00%	2	79%
8A	101.5%	157.2%	145.4%	153.3%	High unregistered day and night/ escalation beds open- High registered night/escalation beds open/high dependency	4.6	0	0	0	0	100.00%	0	78%
M2	93.5%	105.5%	91.8%	101.1%	No issues	7.0	1	1	0	0	N/A	0	72%
AMU (formerly CDU)	74.9%	100.7%	119.7%	115.5%	Low registered day shift/ shifts not filled by bank/agency/high registered at night- temp uplift/high unregistered at night temp uplift	9.5	0	0	0	3	100.00%	3	78%
Bostonian	83.9%	137.9%	101.3%	135.5%	High unregistered day and night shift/high dependency and temp uplift	6.5	0	0	0	2	100.00%	0	85%
ITU	93.6%	155.4%	102.3%	25.6%		22.6	0	0	0	0	n/a	0	n/a

## Appendix 2: Registered Nurse Recruitment Trajectory

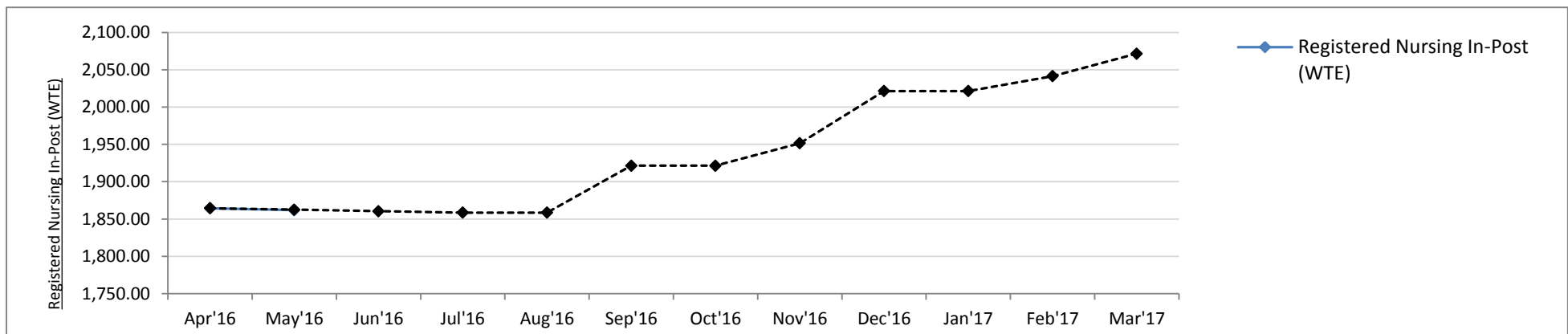
### Registered Nurse Recruitment

<b>Target In Post (WTE):</b>	2,071.50
<b>Trajectory Start Month:</b>	Apr '16
<b>Trajectory End Month:</b>	Mar '17

2195.69 Establishment

**Objective: Actual WTE In-Post to be ABOVE 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
Registered Nursing In-Post (WTE)	1,864.50	1,861.93										
Trajectory	1,864.50	1,862.50	1,860.50	1,858.50	1,858.50	1,921.50	1,921.50	1,951.50	2,021.50	2,021.50	2,041.50	2,071.50
Difference from Trajectory	0.00	-0.57	-1,860.50	-1,858.50	-1,858.50	-1,921.50	-1,921.50	-1,951.50	-2,021.50	-2,021.50	-2,041.50	-2,071.50



### Appendix 3: Agency Expenditure against Trajectory

<b>Target:</b>	7,629,896
<b>Trajectory Start Month:</b>	Apr '16
<b>Trajectory End Month:</b>	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										
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	-921,000	-906,000	-957,000	-774,000	-484,000	-535,000	-451,000	-294,896	-217,000	-268,000

