

To:	Trust Board										
From:	Michelle Rhodes, Director of Nursing										
Date:	4 th April 2017										
Essential Standards:	Health and Social Care Act 2008 (Regulated Activities) Regulation 18: Staffing										
Title:	Monthly Nursing/Midwifery Workforce Assurance Paper for February 2017										
Author/Responsible Director:	Michelle Rhodes, Director of Nursing Debrah Bates, Deputy Chief Nurse (workforce)										
Purpose of the Report:	<p>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.</p> <p>The report triangulates staffing levels against appropriate quality measures.</p>										
The Report is provided to the Board for:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; padding: 5px;">Decision</td> <td style="width: 5%; border: 1px solid black; text-align: center;"> </td> <td style="width: 25%; border: 1px solid black; padding: 5px;">Discussion</td> <td style="width: 5%; border: 1px solid black; text-align: center;">X</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">Assurance</td> <td style="border: 1px solid black; text-align: center;">X</td> <td style="border: 1px solid black; padding: 5px;">Information</td> <td style="border: 1px solid black; 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 <ul style="list-style-type: none"> 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 months of February 2017. 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 February 2017. The table shows that the fill rate has continued to improve in-year although some fluctuations are noted week by week across the sites.

The figures in brackets are the previous month’s figures as comparison.

Table One: NQB Average Fill Rates for Registered and Unregistered Staff February 2017

Day		Night	
Average Fill rate- Registered Nurses/ Midwives (%)	Average fill rate – care staff (%)	Average Fill rate- Registered Nurses/ Midwives (%)	Average fill rate – care staff (%)
92.16 (92.52)	97.61 (95.35)	99.35 (98.46)	99.43 (100.41)

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 February 2017 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	92.73 % (96.92%)	94.45 % (91.04%)	106.35 % (107.92%)	90.18 % (93.229%)
LCH	92.79 % (94.20%)	95.01 % (96.01%)	97.15 % (96.33%)	97.69 % (99.72%)
PHB	91.19 % (89.35%)	97.61 % (95.52%)	101.18 % (99.36%)	103.95 % (102.96%)

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

- As noted in previous reports, the neonatal and paediatric areas continue to have cots/ beds closed and are using their staff flexibly according to service demands.
- Ward 5B at Boston continue to use alternative grades of staff where safe to do so, accounting for the low fill rate for registered nurses on days which are replaced by non-registered staff where appropriate.
- There are a number of areas showing fill rates above 100% which correspond to times when enhanced care is required and also at times of high dependency/ acuity. There have also been escalation beds open to manage site operational pressures.
- Ward 3A at Boston in particular, is showing high levels of fill rates for both registered and unregistered staff across the 24 hour period. This has occurred due to the number of medical outliers being cared for on this orthopaedic ward.
- ICU areas at both Lincoln and Boston continue to show low fill rates for unregistered staff. This is because the units do not automatically fill vacant HCSW shifts if they occur.

3. Staffing Information

3.1 Vacancies

The current vacancy position continues to be a main focus and challenge in delivering the staffing needs of the wards and departments. Table three reports latest vacancies rates.

Table Three: February 2017 vacancy position

VACANCY POSITION								
	Nov-16		Dec-16		Jan-17		Feb-17	
	Data from Payroll		Data from Payroll		Data from Payroll		Data from Payroll	
	R	UR	R	UR	R	UR	R	UR
Lincoln	134.42	56.91	129.10	55.73	127.04	34.51	122.84	34.77
Pilgrim	110.85	35.20	116.59	31.23	123.55	31.94	120.98	29.55
Grantham	22.37	11.69	23.09	11.47	24.78	14.60	26.78	11.65
Main Site Nursing & Midwifery Sub-total	267.64	103.80	268.78	98.43	275.37	81.05	270.60	75.97
Louth	1.82	2.83	0.82	2.83	0.82	2.83	1.82	2.03
Paediatrics & Neonatal	20.61	3.91	21.64	0.62	21.42	0.02	21.37	1.58
Obs & Gynae	11.90	10.37	9.72	12.50	10.33	12.30	10.95	11.50
Diagnostics	5.66	1.69	5.90	2.60	8.44	2.35	9.77	3.95
Corporate Nursing – All Sites	15.21	1.29	19.32	1.19	15.88	1.76	15.50	1.76
Specialist Nursing – All Sites	-1.02	-1.60	2.05	-2.55	5.97	-1.24	3.62	-1.24
Nursing & Midwifery Sub-total	321.82	122.29	328.23	115.62	338.23	99.07	333.63	95.55
Physiotherapy	11.85	3.73	12.44	3.33	13.90	5.28	14.11	4.29
Occupational Therapy	6.45	2.52	7.38	1.52	6.50	4.30	6.55	4.30
Dietetics	-0.44	0.00	0.56	0.00	1.56	0.00	2.56	0.00
Total	339.68	128.54	348.61	120.47	360.19	108.65	356.85	104.14
Nursing & Midwifery In Post	1,963.16	810.93	1,963.63	819.20	1,956.35	822.76	1,957.48	825.45
Nursing & Midwifery Vacancy Changes	1.00%	7.42%	-0.01%	-7.71%	3.05%	-14.31%	-1.36%	-3.55%
-VE : Reduced Vacancy								
+VE : Increased Vacancy								

Key points to note:

- The actual number of registered nurses in post has remained static between January and February (at 1,957wte); though in October 2016 a business case to create a Level 1 Step down unit on Hatton Ward increased the total number of registered nurses by 15.72wte. These posts are being recruited to and it is anticipated that the unit will open in a phased approach as nurses are recruited.
- The actual number of HCSW has increased very marginally (by 2.69wte – 823 to 825) but still not at the rate which site teams have suggested they have recruited
- The number of non-registered vacancies has reduced marginally between January and February (99 to 95) – this is broadly consistent with the increase in the number of staff in-post as mentioned above

3.2 Recruitment

Work is ongoing to develop a Nursing Degree Apprenticeship throughout Lincolnshire with a view of supporting a cohort of 15 apprentices from ULHT annually. This will be an opportunity to develop current staff and support them into the nursing profession in the future, and will supplement the number of student nurses we support in practice through the traditional routes into nursing as the apprenticeship will provide cohort of learners if agreed.

In April, student nurses who will be qualifying this year and taking up employment with the trust will be allocated to their wards taking into account their preferences. A series of ‘keep in touch’ days have also commenced for this cohort of students where they can attend and discuss issues with nurses in practice, the clinical education team and senior nursing managers if available.


Agreement with the recruitment agency involved in the Philippines recruitment campaign has been achieved so that only those nurses in cohort 1 candidates with a positive IELTS result as of a specified date will be progressed. All 8 of the Filipino nurses have now successfully passed their OSCE examinations and are now registered with the NMC.

A revised nursing recruitment strategy was presented to the Workforce and OD committee in March 2017 looking to build on success stories and stream line the process of recruiting into nursing posts in the future.

3.3 Reducing Reliance and Expenditure on Agency Staff

The number of agency shifts used in February has remained higher than the end of January. There continues to be no non-registered nurse agency usage.

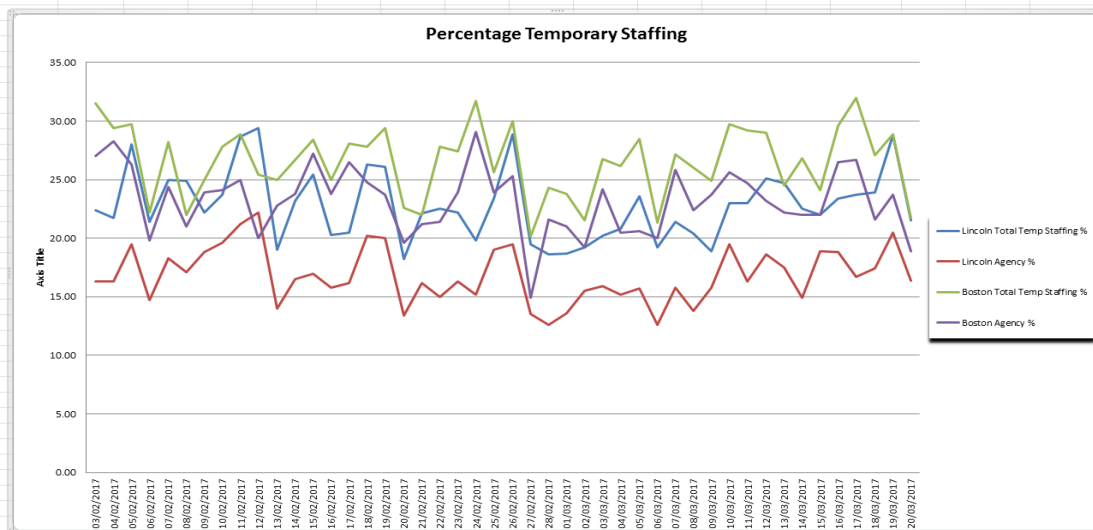
Table Five: Summary of February 2017 figures against Agency (framework and cap)

Staff Group	Week Commencing 	30/01/2017	06/02/2017	13/02/2017	20/02/2017	27/02/2017
Nursing, Midwifery & Health Visiting	Framework only	21	9	6	9	14
Nursing, Midwifery & Health Visiting	Price cap only	468	532	474	479	501
Nursing, Midwifery & Health Visiting	Both framework & price cap	19	8	6	9	14
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

To further inform the staffing position, from early February 2017 the percentage of temporary staffing used within Nursing and the % of Agency staff used for Lincoln and Pilgrim sites has been collected. The figures in table six below show that a greater percentage of the temporary staff working on the Boston site are Agency nurses compared to the Lincoln site, however, a number of the agency staff booked on the Boston site are block booked.

Table Six: Agency/bank/substantive skill mix by site.

		01/03/2017	02/03/2017	03/03/2017	04/03/2017	05/03/2017	06/03/2017	07/03/2017	08/03/2017	09/03/2017	10/03/2017	11/03/2017	12/03/2017	13/03/2017	14/03/2017	15/03/2017	16/03/2017	17/03/2017
Lincoln	Total Temp Staffing %	18.70	19.20	20.22	20.79	23.55	19.21	21.41	20.40	18.90	23.00	23.00	25.10	24.70	22.50	22.00	23.40	23.70
	Agency %	13.60	15.50	15.92	15.16	15.70	12.62	15.79	13.80	15.80	19.50	16.30	18.60	17.50	14.90	18.90	18.80	16.70
Boston	Total Temp Staffing %	23.80	21.55	26.75	26.19	28.50	21.31	27.13	26.00	24.90	29.70	29.20	29.00	24.50	26.80	24.10	29.60	32.00
	Agency %	21.00	19.22	24.19	20.48	20.60	20.03	25.83	22.40	23.70	25.60	24.70	23.20	22.20	22.00	22.00	26.50	26.70



In February 2017, correspondence from NHSi was received by the Trust stating that from the 1st April 2017, substantive NHS nurses will only be able to work additional hours through Bank or through overtime as opposed to agency. The impact of this new rule on nurse staffing levels is difficult to quantify due to the lack of information regarding Agency’s reliance on NHS staff undertaking agency shifts. Nevertheless, an impact assessment and risk assessment on the potential impact is being formulated by the senior nursing team.

4.0 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.
- Consider the potential impact of new agency rules on nursing staffing levels
- Note the mitigation that has been taken in the hotspot areas

Appendix One: February 2017 Workforce Dashboard

Safe Staffing Performance Dashboard - FEBRUARY 2017													
Ward Level Staffing - Average Fill Rates for month FEBRUARY 2017													
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 FU	Med Errors	New ST Harm Free %	Complaints	FFT
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)									
GRANTHAM DISTRICT HOSPITAL													
Ward 1	98.3%	91.1%	101.2%	91.1%		6.1	0	0	1	4	100%	0	93%
Ward 2	94.4%	105.0%	97.9%	85.7%		5.2	0	0	0	3	100.00%	0	94%
Ward 6	95.7%	91.3%	134.0%	91.1%	Escalation beds open	8.1	0	0	0	2	94.00%	0	95%
EAU	90.3%	92.3%	121.4%	92.9%	Escalation beds open	6.0	0	0	0	4	100.00%	0	100%
Acute Care Unit (formerly Critical Care Unit)	85.3%	80.4%	86.5%	-		20.7	0	0	0	0	94.00%	0	50%
LINCOLN COUNTY HOSPITAL													
Ashby	91.4%	111.5%	100.0%	110.9%	Shifts correspond to need for enhanced care	10.7	0	0	0	0	100.00%	0	0%
Bardney	94.6%	96.8%	96.8%	94.7%		14.5	1	0	0	0	N/C	1	63%
Branston	91.4%	92.9%	100.0%	93.1%		12.8	0	0	0	1	100.00%	0	85%
Burton	87.9%	99.1%	98.2%	101.9%		5.5	0	0	0	1	95.00%	0	97%
Carlton Coleby	92.6%	88.0%	136.9%	91.3%	Temporary uplift in shifts has been agreed to assist with NV service	6.2	0	0	0	1	100.00%	0	80%
Clayton	91.0%	97.0%	98.6%	96.4%		5.5	0	0	0	0	100.00%	1	91%
Dixon	119.5%	105.1%	100.8%	119.8%	Fill rates correspond to enhanced care and dependency	5.4	0	1	0	3	100.00%	0	80%
Frailty Assessment Unit	87.0%	122.5%	96.5%	112.0%	1st Month of recording, fill rates correspond to temporary uplift to template until establishment review findings agreed	5.4	0	0.0%	0.0%		100.0%	0	0.0
Greetwell	87.6%	90.3%	98.9%	97.4%		4.7	1	1	0	0	100.00%	0	61%
Halton	93.4%	91.7%	99.0%	103.5%		5.3	0	0	0	1	100.00%	0	85%
ICU	94.6%	63.8%	92.6%	37.5%	HCSW not always replaced - not a new issue, suggest discussions re template	25.3	0	0	0	5	100.00%	0	n/c
Johnson	94.0%	97.8%	99.3%	105.4%		11.8	0	0	0	1	100.00%	0	100%
Lancaster	94.0%	87.0%	94.7%	96.6%		5.2	0	0	0	0	100.00%	0	100%
Navenby	93.3%	110.3%	92.9%	99.2%	Fill rates correspond to Dependency and enhanced care	5.9	0	0	0	0	100.00%	0	100%
Nettleham	106.3%	96.1%	100.0%	78.7%	Not requesting shifts for unregistered Nights	2.3	0	0	0	1	N/C	0	n/c
Neustadt Welton	93.8%	100.4%	97.8%	92.2%		5.6	0	0	0	0	100.00%	0	67%
Nocton	85.6%	61.6%	78.4%	94.7%	10 cots remain closed	15.1	0	0	0	1	N/C	0	n/c
Rainforest	99.6%	139.6%	100.2%	153.6%	Appears to be as a result of using up staff contracted hours - escalated to HoM	9.5	0	0	0	0	N/C	0	61%
Scampton	90.6%	97.4%	98.5%	88.1%		5.9	0	0	0	1	95.00%	0	0%
Shuttleworth	91.7%	89.6%	97.4%	100.4%		5.9	0	5	0	1	96.00%	0	0%
Stroke Unit	86.5%	97.4%	100.2%	94.4%		7.3	0	0	0	1	96.00%	0	94%
Waddington Unit	94.1%	90.3%	96.8%	96.3%		5.6	1	0	1	0	90.00%	0	76%
MEAU	91.1%	77.3%	92.9%	92.4%	AP shifts not sent to Bank	9.9	0	0	0	2	95.00%	1	66%
SEAU	91.3%	98.4%	96.4%	96.1%		7.1	0	1	1	0	90.00%	1	73%
PILGRIM HOSPITAL, BOSTON													
Acute Cardiac Unit	97.5%	91.4%	96.4%	92.2%		7.3	0	0	0	3	100.00%	0	88%
Labour Ward	103.0%	100.7%	102.4%	91.2%		11.2	0	0	0	0	n/c	0	0%
Neonatal	71.9%	152.4%	85.3%	125.6%	HCSW shifts being used where safe to cover RN gaps	28.4	0	0	0	1	n/c	0	n/c
Stroke Unit	104.8%	106.7%	99.1%	96.4%		7.4	0	2	0	0	96.00%	0	93%
3A	154.8%	121.5%	110.7%	123.8%	Fill rates correspond to enhanced care and authorised use of additional staff to manage medical outliers	6.2	0	0	0	0	100.00%	0	92%
3B	96.1%	113.4%	101.3%	144.2%	Duties correspond to high dependency and enhanced care	6.3	0	0	0	0	100.00%	0	100%
4A	69.0%	67.7%	98.9%	51.8%	5 beds remain closed and alternative models of care are being explored	18.8	0	0	0	0	N/C	0	70%
5A	110.5%	104.4%	97.6%	110.8%	Fill rates correspond to enhanced care	7.1	0	0	0	0	100.00%	0	83%
5B	77.5%	139.2%	98.6%	116.2%	Alternate grade used (skill mix)	7.0	0	0	0	1	100.00%	0	78%
6A	86.4%	97.5%	97.7%	97.6%		6.3	0	0	0	5	100.00%	0	0%
6B	98.0%	105.9%	98.0%	119.5%	Fill rates correspond to enhanced care and High dependency at night	6.7	0	0	0	1	100.00%	0	86%
7A	92.3%	89.0%	98.2%	99.8%		5.4	0	0	0	1	90.00%	0	100%
7B	95.6%	97.3%	116.7%	96.4%	Fill rates reflect dependency of patients	7.3	0	0	0	4	100.00%	0	88%
8A	94.2%	94.7%	98.1%	95.2%		6.3	0	0	0	0	97.00%	0	73%
M2	91.7%	97.8%	99.7%	90.7%		7.6	0	0	0	1	100.00%	0	78%
AMU	80.9%	111.0%	124.4%	88.8%	High levels of enhanced care being facilitated by temporary uplift to template.	8.2	1	1	0	5	92.00%	0	80%
Bostonian	86.2%	106.7%	100.1%	149.0%	Fill rates reflect high dependency / acuity	6.4	1	1	0	0	100.00%	1	81%
ICU	88.7%	75.1%	98.2%	-	HCSW shifts not replaced	28.8	0	0	0	2	n/c	0	n/c

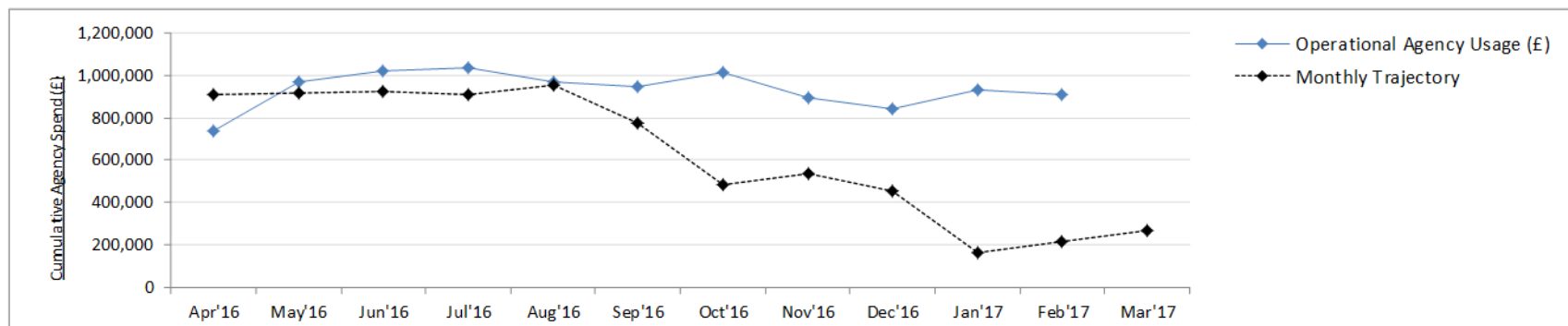
Appendix 2

In-Month Nursing Agency Ceiling

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
Operational Agency Usage (£)	739,210	969,093	1,020,597	1,037,510	967,599	944,160	1,012,099	891,898	844,542	929,881	908,261	
Monthly Trajectory	908,000	914,000	921,000	906,000	957,000	774,000	483,000	535,000	451,000	165,000	217,000	268,000
Difference from Trajectory	-168,790	55,093	99,597	131,510	10,599	170,160	529,099	356,898	393,542	764,881	691,261	-268,000



[Return to Summary Table](#)

Key:

BAD NEWS!
GOOD NEWS!