

To:	Trust Board						
From:	Michelle Rhodes, Director of Nursing						
Date:	2 nd May 2017						
Essential Standards:	Health and Social Care Act 2008 (Regulated Activities) Regulation 18: Staffing						
Title:	Monthly Nursing/Midwifery Workforce Assurance Paper for March data 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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Decision</td> <td style="width: 5%;"></td> <td style="width: 50%; text-align: center;">Discussion</td> <td style="width: 5%; text-align: center;">X</td> </tr> </table>		Decision		Discussion	X		
Decision		Discussion	X				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Assurance</td> <td style="width: 5%; text-align: center;">X</td> <td style="width: 50%; text-align: center;">Information</td> <td style="width: 5%; text-align: center;">X</td> </tr> </table>		Assurance	X	Information	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 month of March 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 March 2017. The table shows that the fill rate remains good and reflects improvements made throughout the year.

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

Table One: NQB Average Fill Rates for Registered and Unregistered Staff March 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 (%)
92.93 (92.16)	96.18 (97.61)	98.07 (99.35)	100.36 (99.43)

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 March 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	90.74 % (92.73 %)	89.46 % (94.45 %)	97.68 % (106.35 %)	89.57 % (90.18 %)
LCH	94.04 % (92.79 %)	94.94 % (95.01 %)	97.26 % (97.15 %)	100.63 % (97.69 %)
PHB	91.96 % (91.19 %)	99.11 % (97.61 %)	99.49 % (101.18 %)	102.63 % (103.95 %)

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.

- Stroke Unit at Boston are reporting an high fill rate for HCSW on days. On closer examination, there was one day where this corresponded to the need for enhanced care.
- Ward 5A at Boston are reporting high fill rates on days for both registered and unregistered staff which correspond to the acuity of patients on the ward which include a number of medical outliers.
- Ward 5B at Boston continue to report high fill rates for HCSW across the 24 hour period, this corresponds to the acuity and dependency of their patients. This will be picked up at the establishment review in June.
- Ward 3A continue to report high fill rates which correspond to enhanced care and authorised use of additional staff to manage medical outliers
- Navenby are reporting a high fill rate for HCSW on days. The area has an agreed temporary uplift to template in place which was agreed at a risk summit and will be reviewed through the establishment review process
- -Carlton Coleby are reporting over fill rates for registered nurses. This has been a temporary uplift in their template identifies through the risk summit process, and aims to assist the ward in caring for patients who have NIV in situ
- Dixon ward is reporting high fill rates for registered nurses as there are staff on the ward who are currently require to be supernumerary (newly qualified or overseas nurses), or on a phased return from sickness
- Frailty Assessment Unit (FAU) are reporting high fill rates of HCSW on nights. This is the first month of reporting this unit. The establishment on this new unit is currently being monitored and may need adjustment through the establishment review process.

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. Key points to note:

- The actual number of registered and unregistered nurses in post has increased in the month of March 2017.
- It is noted that the Trust is currently reporting high levels of HCSW vacancies. There are currently 36 posts of the 72 posts in the recruitment process (see below, figures supplied by ULHT recruitment team)

HCSW posts currently in recruitment process	Pilgrim	Grantham	Lincoln	Totals
Awaiting a conditional offer to be sent	0	0	5	5
Pre-employment checks under way	7	3	14	24
Awaiting confirmation of a start date	4	3	0	7
Totals	11	6	19	36

- There are plans to move to cohort recruiting of Band 2 posts in the near future.

Table Three: March 2017 vacancy position

VACANCY POSITION	Nov-16		Dec-16		Jan-17		Feb-17		Mar-17	
	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
Lincoln	134.42	56.91	129.10	55.73	127.04	34.51	107.12	34.77	105.01	33.48
Pilgrim	110.85	35.20	116.59	31.23	123.55	31.94	120.98	29.55	115.47	28.15
Grantham	22.37	11.69	23.09	11.47	24.78	14.60	26.78	11.65	28.98	10.65
Main Site Nursing & Midwifery Sub-total	267.64	103.80	268.78	98.43	275.37	81.05	254.88	75.97	249.46	72.28
Louth	1.82	2.83	0.82	2.83	0.82	2.83	1.82	2.03	1.82	3.36
Paediatrics & Neonatal	20.61	3.91	21.64	0.62	21.42	0.02	21.37	1.58	20.22	0.94
Obs & Gynae	11.90	10.37	9.72	12.50	10.33	12.30	10.95	11.50	12.88	11.90
Diagnostics	5.66	1.69	5.90	2.60	8.44	2.35	9.77	3.95	8.77	2.95
Corporate Nursing – All Sites	15.21	1.29	19.32	1.19	15.88	1.76	15.50	1.76	12.84	1.76
Specialist Nursing – All Sites	-1.02	-1.60	2.05	-2.55	5.97	-1.24	3.62	-1.24	3.62	-1.24
Nursing & Midwifery Sub-total	321.82	122.29	328.23	115.62	338.23	99.07	317.91	95.55	309.61	91.95
Physiotherapy	11.85	3.73	12.44	3.33	13.90	5.28	14.11	4.29	14.27	4.29
Occupational Therapy	6.45	2.52	7.38	1.52	6.50	4.30	6.55	4.30	6.02	2.28
Dietetics	-0.44	0.00	0.56	0.00	1.56	0.00	2.56	0.00	1.56	0.00
Total	339.68	128.54	348.61	120.47	360.19	108.65	341.13	104.14	331.46	98.52
Nursing & Midwifery In Post	1,963.16	810.93	1,963.63	819.20	1,956.35	822.76	1,957.48	825.45	1,963.59	831.49
Nursing & Midwifery Vacancy Changes	1.00%	7.42%	-0.01%	-7.71%	3.05%	-14.31%	-3.14%	-17.36%	-8.46%	-7.19%
-VE : Reduced Vacancy										
+VE : Increased Vacancy										

3.2 Recruitment

The student nurses who will be qualifying in September 2017 and who have been given a conditional offer of employment with the trust have been allocated to their wards. The expected numbers of new starters are 92 at Lincoln, 26 at Boston and 14 at Grantham.

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.

3.3 Reducing Reliance and Expenditure on Agency Staff

The number of agency shifts used in March has remained higher than February but shows a decrease in the number at the end of the month. During this time the Trust has a specific issue with a complex patient who required enhanced care pending a specialist bed becoming available in the community, from a Learning Disability nurse. This requirement was only able to be met from the Thornbury nursing agency. The shifts that were required were discussed with CCG colleagues who agreed to fund the additional support. There continues to be no non-registered nurse agency usage.

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

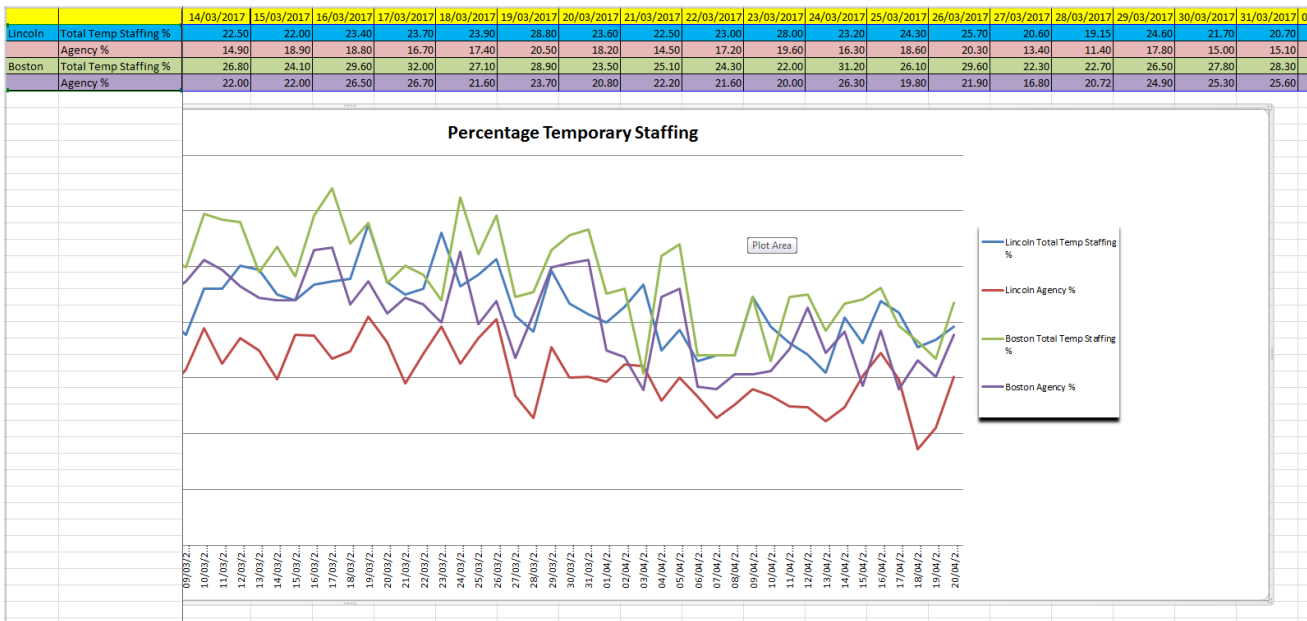
Staff Group	Week Commencing →	06/03/2017	13/03/2017	20/03/2017	27/03/2017
Nursing, Midwifery & Health Visiting	Framework only	13	11	5	13
Nursing, Midwifery & Health Visiting	Price cap only	538	525	528	462
Nursing, Midwifery & Health Visiting	Both framework & price cap	13	13	5	13
Healthcare assistant and other support	Framework only	0	0	0	0
Healthcare assistant and other support	Price cap only	0	0	0	0
Healthcare assistant and other support	Both framework & price cap	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. Figures in table six include bank and agency.

Block booking of Registered Nurses is generally arranged through the more expensive tier 4 agencies, and is contributing to 60% of the agency costs. The Heads of Nursing have been asked to review the areas that are currently using Block Booking arrangement.

Heads of Nursing have recently agreed to provide additional scrutiny and final sign off for agency nursing requests. The sites have also been asked not to book agency shifts from Thornbury.

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



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: March 2017 Workforce Dashboard

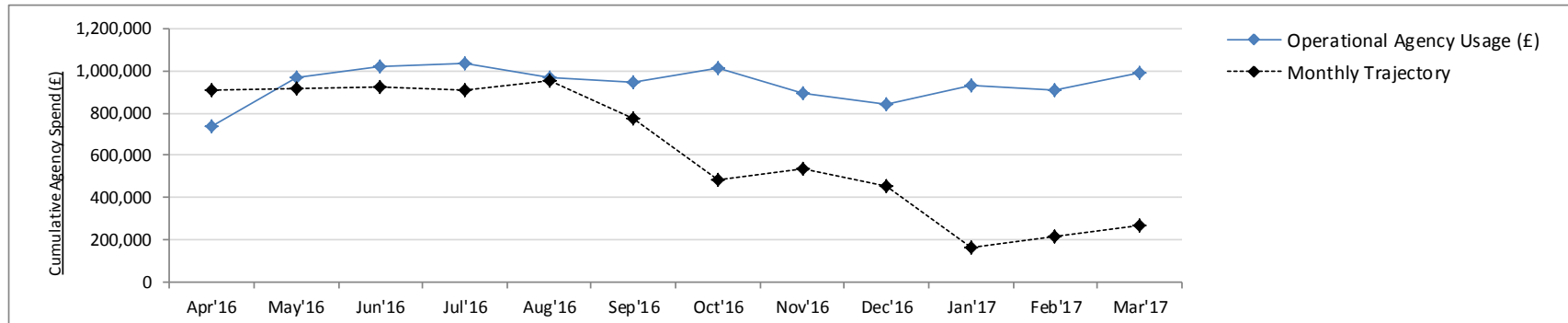
Safe Staffing Performance Dashboard - MARCH 2017													
Ward Level Staffing - Average Fill Rates for month MARCH 2017													
SITE/Ward	Actual Fill Rates for Staffing				Staffing Levels Vs Activity/Acuity	CHPPD	Patient Safety				Patient Experience		
	Day		Night				SI's	Falls with Harm (Moderate, Severe and Death)	Grade 3/4 PU	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	92.9%	83.5%	100.1%	90.5%		6.4	0	0	0	9	100%	0	100%
Ward 2	92.5%	96.9%	91.6%	74.2%	Majority of vacant nights shifts for HCSW not sent to bank	5.8	0	0	0	2	100.00%	0	93%
Ward 6	90.9%	95.3%	100.0%	96.8%		9.2	0	0	0	1	94.00%	0	100%
EAU	84.2%	89.2%	101.1%	96.8%		6.7	0	1	0	2	100.00%	0	94%
Acute Care Unit (formerly Critical Care Unit)	96.6%	60.9%	96.4%	-	Small HCSW team - not backfilled when absent	18.9	0	0	0	0	100.00%	0	100%
LINCOLN COUNTY HOSPITAL													
Ashby	93.4%	91.5%	100.1%	100.0%		7.7	0	0	0	0	100.00%	0	100%
Bardney	96.2%	98.9%	103.3%	98.2%	High CHPPD not reflective of outpatients and ward attender activity	13.4	0	0	0	4	N/C	0	83%
Branston	88.1%	90.8%	100.0%	97.0%	High CHPPD not reflective of outpatients and ward attender activity	11.9	0	0	0	1	100.00%	0	80%
Burton	97.4%	109.2%	101.7%	95.7%		6.1	0	0	0	1	85.00%	0	97%
Carlton Coleby	95.3%	107.5%	130.1%	99.5%	Temporary uplift in shifts has been agreed to assist with NIV service	6.3	0	0	1	2	100.00%	0	90%
Clayton	90.3%	103.5%	96.0%	100.0%		6.1	0	0	0	0	96.00%	0	85%
Dixon	115.0%	94.0%	100.3%	105.4%	Fill rates correspond to supporting supernumerary staff and phased returns	5.3	0	0	0	1	96.00%	0	79%
Frailty Assessment UNIT	85.0%	107.9%	97.9%	130.8%	1st Month of recording, fill rates correspond to temporary uplift to template until establishment review findings agreed	5.9	0	0.0%	0.0%	2.0%	100.00%	0	N/C
Greetwell	90.6%	89.7%	99.0%	100.1%		5.0	0	0	0	0	100.00%	1	91%
Hatton	97.0%	105.8%	106.5%	102.1%		6.2	0	0	0	1	96.00%	0	76%
ICU	91.5%	61.7%	89.0%	54.6%	HCSW not always replaced - not a new issue, suggest discussions re template	28.9	0	0	1	5	100.00%	0	N/C
Johnson	97.5%	97.5%	99.5%	121.0%		12.4	0	0	1	2	96.00%	0	100%
Lancaster	90.4%	86.0%	96.8%	99.1%		5.6	0	0	0	0	100.00%	1	100%
Navenby	97.7%	111.0%	99.8%	95.2%	Temporary uplift to template for HCSW agreed via Risk Summir process	5.9	0	1	0	1	100.00%	1	78%
Nettleham	108.3%	97.6%	93.0%	90.5%		2.6	0	0	0	0	N/C	0	N/C
Neustadt Welton	94.5%	101.5%	99.1%	87.8%		5.9	0	0	2	0	96.00%	0	78%
Nocton	88.5%	77.2%	76.2%	113.2%	Alternative grades used where safe to do so	12.4	0	0	0	1	N/C	0	N/C
Rainforest	97.0%	113.4%	99.2%	135.8%		9.2	0	0	0	2	N/C	0	75%
Scampton	94.3%	99.1%	100.0%	110.6%	HCSW fill rates correspond to enhanced care / high dependency	6.5	0	1	0	2	100.00%	0	86%
Shuttleworth	93.9%	92.8%	98.4%	98.4%		6.6	0	0	1	2	100.00%	0	100%
Stroke Unit	92.4%	91.6%	99.2%	98.5%		6.9	0	0	0	1	96.00%	0	100%
Waddington Unit	96.4%	87.7%	98.4%	96.8%		5.5	0	0	0	1	100.00%	1	97%
MEAU	93.7%	74.5%	94.0%	91.6%	AP shifts not sent to Bank	11.3	0	0	1	6	100.00%	0	94%
SEAU	90.8%	96.3%	100.0%	101.5%		7.5	0	0	0	2	100.00%	0	70%
PILGRIM HOSPITAL, BOSTON													
Acute Cardiac Unit (formerly Coronary Care Unit)	96.3%	96.8%	99.0%	106.5%		7.5	1	1	0	1	100.00%	0	100%
Labour Ward	98.1%	89.6%	101.9%	97.8%		11.1	2	0	0	1	N/C	0	90%
Neonatal	72.4%	172.2%	87.4%	125.7%	HCSW shifts being used where safe to cover RN gaps	31.4	0	0	0	0	N/C	0	N/C
Stroke Unit	104.0%	113.7%	95.2%	100.7%	Unclear of rationale for overfill - for further discussion	7.5	0	0	0	0	100.00%	2	85%
3A	138.4%	127.8%	100.1%	123.6%	Fill rates correspond to enhanced care and authorised use of additional staff to manage medical outliers	6.0	0	1	0	0	100.00%	0	86%
3B	94.7%	98.4%	99.0%	104.7%		5.8	0	0	0	3	96.00%	0	83%
4A	86.0%	63.3%	99.0%	50.0%	5 beds remain closed	19.5	0	0	0	4	N/C	0	82%
5A	111.9%	120.9%	102.7%	105.1%	Fill rates correspond to enhanced care, High dependency and acuity	7.6	0	0	0	2	95.00%	0	90%
5B	84.5%	127.4%	99.1%	115.8%	Alternate grade used (skill mix) - suggest template review	7.2	0	1	0	1	92.00%	0	74%
6A	92.0%	90.8%	99.0%	97.0%		6.4	0	1	0	3	100.00%	0	100%
6B	95.4%	105.5%	99.3%	96.8%		6.9	1	0	0	2	100.00%	0	97%
7A	90.9%	89.5%	100.0%	96.6%		5.5	0	2	0	0	100.00%	0	82%
7B	90.6%	98.4%	101.1%	103.1%		6.4	3	0	2	8	92.00%	0	75%
8A	98.9%	94.4%	99.0%	105.1%		6.5	1	2	0	1	96.00%	1	78%
M2	91.5%	98.4%	98.2%	105.7%		9.3	0	0	0	0	90.00%	0	89%
AMU (formerly CDU)	76.7%	93.4%	119.9%	94.4%	Alternate grade used - suggest template review	8.9	0	1	0	2	92.00%	0	90%
Bostonian	88.0%	99.7%	101.6%	162.9%	Fill rates reflect high dependency / acuity	6.6	0	0	0	0	94.00%	1	94%
ICU	85.8%	66.9%	94.4%	-	HCSW shifts not replaced	28.6	1	0	0	0	N/C	0	N/C

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	992,645
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	724,645



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Key:

BAD NEWS!
GOOD NEWS!