To: Trust Board  
From: Michelle Rhodes, Director of Nursing  
Date: 31\textsuperscript{st} August 2017  

**Essential Standards:** Health and Social Care Act 2008 (Regulated Activities) Regulation 18: Staffing  

**Title:** Monthly Nursing/Midwifery Workforce Assurance Paper for July 2017 data  

**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:**  

<table>
<thead>
<tr>
<th>Decision</th>
<th>Discussion</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assurance</td>
<td>X</td>
<td>Information</td>
</tr>
</tbody>
</table>

**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**
1 Introduction

This report on ULHT Nurse Staffing contains information for the month of July 2017. The report provides information on staff in post, nurse vacancies and Agency usage.

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 July 2017. The table shows that the fill rate remains good and meets safe staffing levels.

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

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

<table>
<thead>
<tr>
<th>Site</th>
<th>Day</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average Fill rate–Registered Nurses/Midwives (%)</td>
<td>Average fill rate–care staff (%)</td>
</tr>
<tr>
<td></td>
<td>Average Fill rate–Registered Nurses/Midwives (%)</td>
<td>Average fill rate–care staff (%)</td>
</tr>
<tr>
<td></td>
<td>88.20 (91.56)</td>
<td>100.57 (100.02)</td>
</tr>
</tbody>
</table>

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 July 2017 by Hospital Site

<table>
<thead>
<tr>
<th>Site</th>
<th>Day</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average Fill rate–Registered Nurses/Midwives (%)</td>
<td>Average fill rate–care staff (%)</td>
</tr>
<tr>
<td></td>
<td>Average Fill rate–Registered Nurses/Midwives (%)</td>
<td>Average fill rate–care staff (%)</td>
</tr>
<tr>
<td></td>
<td>95.30 (95.65)</td>
<td>91.19 (96.62)</td>
</tr>
<tr>
<td></td>
<td>90.50 (93.51)</td>
<td>101.21 (98.33)</td>
</tr>
<tr>
<td>PHB</td>
<td>83.89 (88.32)</td>
<td>100.52 (102.78)</td>
</tr>
</tbody>
</table>
Table three also provides the information divided into Nursing, Midwifery and Children’s nursing as below in order to present a more detailed picture;

Table Three: NQB Average Fill Rates for Registered and Unregistered Staff July 2017 by Nursing/Children & Midwifery

Safer Staffing: Summary by Site - General Nursing

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Total % Registered Day</th>
<th>Total % Unregistered Day</th>
<th>Total % Registered Night</th>
<th>Total % Unregistered Night</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grantham</td>
<td>95.30%</td>
<td>97.19%</td>
<td>93.09%</td>
<td>94.93%</td>
<td>95.13%</td>
</tr>
<tr>
<td>Lincoln</td>
<td>90.15%</td>
<td>101.57%</td>
<td>92.34%</td>
<td>97.31%</td>
<td>94.13%</td>
</tr>
<tr>
<td>Pilgrim</td>
<td>83.71%</td>
<td>104.27%</td>
<td>90.70%</td>
<td>105.29%</td>
<td>93.36%</td>
</tr>
<tr>
<td>Trust</td>
<td>88.14%</td>
<td>102.27%</td>
<td>91.86%</td>
<td>100.09%</td>
<td>93.93%</td>
</tr>
</tbody>
</table>

Safer Staffing: Summary by Site - Children

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Total % Registered Day</th>
<th>Total % Unregistered Day</th>
<th>Total % Registered Night</th>
<th>Total % Unregistered Night</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grantham</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Lincoln</td>
<td>89.05%</td>
<td>99.13%</td>
<td>84.29%</td>
<td>131.45%</td>
<td>93.21%</td>
</tr>
<tr>
<td>Pilgrim</td>
<td>79.60%</td>
<td>72.50%</td>
<td>85.36%</td>
<td>78.10%</td>
<td>78.97%</td>
</tr>
<tr>
<td>Trust</td>
<td>83.84%</td>
<td>84.74%</td>
<td>84.75%</td>
<td>99.44%</td>
<td>85.81%</td>
</tr>
</tbody>
</table>

Safer Staffing: Summary by Site - Midwifery

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Total % Registered Day</th>
<th>Total % Unregistered Day</th>
<th>Total % Registered Night</th>
<th>Total % Unregistered Night</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grantham</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Lincoln</td>
<td>102.34%</td>
<td>98.78%</td>
<td>103.75%</td>
<td>97.28%</td>
<td>100.32%</td>
</tr>
<tr>
<td>Pilgrim</td>
<td>94.68%</td>
<td>83.00%</td>
<td>99.27%</td>
<td>98.97%</td>
<td>95.72%</td>
</tr>
<tr>
<td>Trust</td>
<td>97.96%</td>
<td>95.63%</td>
<td>100.93%</td>
<td>97.62%</td>
<td>98.25%</td>
</tr>
</tbody>
</table>

The following hotspots are highlighted on the dashboard:

- Frailty Assessment Unit, Lincoln, are reporting low registered nurse fill rates. This corresponds to high numbers of vacancies which was discussed through a risk summit and action was taken to reduce the number of beds on this unit. Use of alternate skill mix has also been considered and
Further risk summits have been called to manage this issue in the future and to look at establishments and pathways alongside the MEAU.

- ICU at Lincoln are reporting low fill rates on nights. This corresponds to numbers of vacant posts. The template is being reviewed and the unit is recruiting newly qualified nurses in September which will have an impact on fill rates. Agency shifts continue to manage gaps in rota to a safe staffing level.
- Nocton Ward at Lincoln are reporting low fill rates for registered nurses which corresponds to vacancies and maternity leave. The staffing issues within children’s nursing has been escalated and region-wide actions have been taken to attempt to address the shortfall in registered nurses. Discussions and actions are ongoing.
- Stroke Unit at Boston appear to be reporting low fill rates, however, these figures do not account for the reduction in the number of beds on the unit since the fire.
- 6A and 6B at Boston are reporting low Registered fill rates on days which have been sent out to bank and agency but have remained unfilled. On these occasions staff are redeployed from other clinical areas if required.
- AMU at Boston are reporting low registered fill rates which remain unfilled when sent out to bank and agency. On these occasions staff are redeployed from other clinical areas if required.

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 nurses in post has decreased in the month of July
- The actual number of unregistered nurses in post has increased in the month of July

### Table Three: July 2017 vacancy position

<table>
<thead>
<tr>
<th>VACANCY POSITION</th>
<th>Apr-17 Data from Payroll</th>
<th>May-17 Data from Payroll</th>
<th>Jun-17 Data from Payroll</th>
<th>Jul-17 Data from Payroll</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>UR</td>
<td>R</td>
<td>UR</td>
<td>R</td>
</tr>
<tr>
<td>Lincoln</td>
<td>84.14</td>
<td>33.80</td>
<td>90.98</td>
<td>30.46</td>
</tr>
<tr>
<td>Pilgrim</td>
<td>87.60</td>
<td>11.34</td>
<td>92.63</td>
<td>9.58</td>
</tr>
<tr>
<td>Grantham</td>
<td>15.75</td>
<td>5.72</td>
<td>17.43</td>
<td>2.80</td>
</tr>
<tr>
<td>Main Site Nursing &amp; Midwifery Sub-total</td>
<td>187.49</td>
<td>50.86</td>
<td>201.04</td>
<td>42.84</td>
</tr>
<tr>
<td>Paediatrics &amp; Neonatal</td>
<td>19.77</td>
<td>-0.97</td>
<td>18.77</td>
<td>-0.97</td>
</tr>
<tr>
<td>Obst &amp; Gynaec</td>
<td>4.79</td>
<td>3.82</td>
<td>4.23</td>
<td>3.55</td>
</tr>
<tr>
<td>Total</td>
<td>212.05</td>
<td>53.71</td>
<td>224.94</td>
<td>45.42</td>
</tr>
<tr>
<td>Nursing &amp; Midwifery In Post</td>
<td>865.14</td>
<td>512.04</td>
<td>853.35</td>
<td>520.33</td>
</tr>
</tbody>
</table>

3.2 Recruitment

4
The number of student nurses who will be qualifying in September 2017 and who have been given a conditional offer of employment with the trust has fallen due to job offers in other Trusts. A piece of work is being undertaken to look at ways that we can encourage more of our students to take up employment within the Trust in future years, and to streamline the application process. The expected numbers of new starters are 59 at Lincoln, 28 at Boston and 6 at Grantham.

The plans to commence cohort recruitment for band 2 HCSW will commence in September and it is expected that cohort recruitment for Band 5 nurses will follow shortly afterwards, once the generic job description supporting these plans has been seen at an Agenda for Change job matching panel.

3.3 Reducing Reliance and Expenditure on Agency Staff

The number of agency shifts used in July has fallen which reflects a downwards trend over the past year. The number of agency shifts booked through the most expensive off framework agencies is being closely scrutinised and continues to require ‘Gold’ approval prior to booking. Since implementing this action, no off-framework agency nurses have been booked.

The number of shifts booked that breached Framework and price cap has continued to reduce and Heads of nursing have been scrutinising their block-booked agency shifts which are more expensive as they are generally provided by tier 4 nursing agencies.

A robust agency reduction plan has been developed with clear actions, and this is being monitored fortnightly by the Director of Nursing.

The plan has recently been refreshed and actions identified and implemented that aim to convert agency shifts to bank shifts, thus using our own staff to fill rota gaps which will have an impact on quality of care, and will reduce the cost of agency spend further. This includes incentivising bank shifts for band 5 shifts by paying these at a rate of pay point 24 on the Agenda for Change pay scale and capping the use of agency shifts with agency and overtime requiring Gold approval before being authorised. Future staffing reports will be able to provide the progress of these plans.

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

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>Week Commencing</th>
<th>03/07/2017</th>
<th>10/07/2017</th>
<th>17/07/2017</th>
<th>24/07/2017</th>
<th>31/07/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing, Midwifery &amp; Health Visiting</td>
<td>Framework only</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nursing, Midwifery &amp; Health Visiting</td>
<td>Price cap only</td>
<td>397</td>
<td>425</td>
<td>465</td>
<td>452</td>
<td>448</td>
</tr>
<tr>
<td>Nursing, Midwifery &amp; Health Visiting</td>
<td>Both framework &amp; price cap</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Healthcare assistant and other support</td>
<td>Framework only</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Healthcare assistant and other support</td>
<td>Price cap only</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Healthcare assistant and other support</td>
<td>Both framework &amp; price cap</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
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: July 2017 Workforce Dashboard

### Lincoln County Hospital July 2017

<table>
<thead>
<tr>
<th>Unit</th>
<th>Average Fill Rate - Registered Nurses/Staff (%)</th>
<th>Average Fill Rate - Care Staff (%)</th>
<th>Exception Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashby</td>
<td>93.0%</td>
<td>100.0%</td>
<td>83.4%</td>
</tr>
<tr>
<td>Barnsey</td>
<td>102.2%</td>
<td>104.5%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Branston</td>
<td>92.6%</td>
<td>97.8%</td>
<td>74.2%</td>
</tr>
<tr>
<td>Burton</td>
<td>67.2%</td>
<td>97.9%</td>
<td>97.1%</td>
</tr>
<tr>
<td>Carlton Coleby</td>
<td>89.3%</td>
<td>102.0%</td>
<td>100.1%</td>
</tr>
<tr>
<td>Clayon</td>
<td>65.5%</td>
<td>97.6%</td>
<td>99.9%</td>
</tr>
<tr>
<td>Dixon</td>
<td>113.2%</td>
<td>98.1%</td>
<td>98.3%</td>
</tr>
<tr>
<td>Fruity Assessment</td>
<td>67.9%</td>
<td>118.1%</td>
<td>98.8%</td>
</tr>
<tr>
<td>Greenwell</td>
<td>86.0%</td>
<td>97.9%</td>
<td>99.4%</td>
</tr>
<tr>
<td>Hatton</td>
<td>100.5%</td>
<td>108.2%</td>
<td>100.1%</td>
</tr>
<tr>
<td>ICU</td>
<td>85.7%</td>
<td>97.9%</td>
<td>37.3%</td>
</tr>
<tr>
<td>Johnsen</td>
<td>90.9%</td>
<td>92.8%</td>
<td>95.2%</td>
</tr>
<tr>
<td>Lancaster</td>
<td>53.4%</td>
<td>97.0%</td>
<td>99.4%</td>
</tr>
<tr>
<td>Navenby</td>
<td>90.8%</td>
<td>112.6%</td>
<td>96.7%</td>
</tr>
<tr>
<td>Nettisham</td>
<td>102.7%</td>
<td>102.3%</td>
<td>98.6%</td>
</tr>
<tr>
<td>Neustadt Walton</td>
<td>69.0%</td>
<td>103.3%</td>
<td>95.7%</td>
</tr>
<tr>
<td>Nixton</td>
<td>79.7%</td>
<td>78.2%</td>
<td>97.8%</td>
</tr>
<tr>
<td>Rainforest</td>
<td>57.4%</td>
<td>94.4%</td>
<td>105.1%</td>
</tr>
<tr>
<td>Scampton</td>
<td>91.4%</td>
<td>97.8%</td>
<td>95.1%</td>
</tr>
<tr>
<td>Shuttleworth</td>
<td>92.6%</td>
<td>102.3%</td>
<td>93.3%</td>
</tr>
<tr>
<td>Stroke Unit</td>
<td>64.3%</td>
<td>93.7%</td>
<td>99.2%</td>
</tr>
<tr>
<td>Waridgton Unit</td>
<td>100.4%</td>
<td>94.2%</td>
<td>100.0%</td>
</tr>
<tr>
<td>MEAU</td>
<td>51.6%</td>
<td>93.9%</td>
<td>100.9%</td>
</tr>
<tr>
<td>SEAU</td>
<td>52.3%</td>
<td>100.6%</td>
<td>96.5%</td>
</tr>
</tbody>
</table>

The table above shows the average fill rates for Lincoln County Hospital for July 2017. The data includes both registered nurses and care staff. Exception days are also noted where applicable.
<table>
<thead>
<tr>
<th>SITE/Ward</th>
<th>Average fill rate - registered nurses/total beds (%)</th>
<th>Average fill rate - registered nurses/total beds (%)</th>
<th>Average fill rate - registered nurses/total beds (%)</th>
<th>Exception report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Cardiac Unit</td>
<td>80.2%</td>
<td>101.0%</td>
<td>80.1%</td>
<td>104.1%</td>
</tr>
<tr>
<td>Labour Ward</td>
<td>84.7%</td>
<td>83.0%</td>
<td>99.3%</td>
<td>99.9%</td>
</tr>
<tr>
<td>Neonatal</td>
<td>85.8%</td>
<td>110.4%</td>
<td>75.3%</td>
<td>136.5%</td>
</tr>
<tr>
<td>Stroke Unit</td>
<td>70.1%</td>
<td>112.3%</td>
<td>72.9%</td>
<td>167.7%</td>
</tr>
<tr>
<td>3A</td>
<td>130.3%</td>
<td>116.3%</td>
<td>96.0%</td>
<td>160.0%</td>
</tr>
<tr>
<td>3B</td>
<td>86.5%</td>
<td>98.8%</td>
<td>93.0%</td>
<td>164.8%</td>
</tr>
<tr>
<td>4A</td>
<td>75.7%</td>
<td>65.0%</td>
<td>95.1%</td>
<td>48.9%</td>
</tr>
<tr>
<td>5A</td>
<td>108.4%</td>
<td>119.9%</td>
<td>93.9%</td>
<td>114.4%</td>
</tr>
<tr>
<td>6B</td>
<td>90.6%</td>
<td>117.6%</td>
<td>89.9%</td>
<td>121.6%</td>
</tr>
<tr>
<td>6A</td>
<td>78.5%</td>
<td>102.3%</td>
<td>93.8%</td>
<td>163.6%</td>
</tr>
<tr>
<td>6B</td>
<td>70.6%</td>
<td>109.8%</td>
<td>90.0%</td>
<td>94.7%</td>
</tr>
<tr>
<td>7A</td>
<td>84.8%</td>
<td>95.1%</td>
<td>100.0%</td>
<td>99.7%</td>
</tr>
<tr>
<td>7B</td>
<td>82.2%</td>
<td>109.4%</td>
<td>96.7%</td>
<td>112.5%</td>
</tr>
<tr>
<td>6A</td>
<td>91.6%</td>
<td>98.3%</td>
<td>93.7%</td>
<td>164.1%</td>
</tr>
<tr>
<td>1B</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>AMU</td>
<td>67.6%</td>
<td>119.4%</td>
<td>89.9%</td>
<td>94.8%</td>
</tr>
<tr>
<td>Bostonian</td>
<td>89.1%</td>
<td>93.8%</td>
<td>96.8%</td>
<td>125.2%</td>
</tr>
<tr>
<td>ICU</td>
<td>80.5%</td>
<td>72.8%</td>
<td>87.9%</td>
<td>-</td>
</tr>
</tbody>
</table>

PILGRIM HOSPITAL, BOSTON

**CHPPO**

- Falls with Harm (Moderate, Severe and Death)
- Braden T4+
- PU
- Med Error
- New 911 Harm

**Patient Safety**

- Data: Ward Health Check
- Data: DATIX

**Patient Experience**

- Data: WARD HEALTH CHECK
- Data: WARD HEALTH CHECK
- Data: WARD HEALTH CHECK
- Data: WARD HEALTH CHECK
- Complaints
- FIT
### Safe Staffing Performance Dashboard – JULY 2017

#### Agenda Item 9.3

<table>
<thead>
<tr>
<th>Ward</th>
<th>Average Fill Rate - Registered Nurses/Full Time Equivalent (FTE)</th>
<th>Average Fill Rate - Other Healthcare Staff (FTE)</th>
<th>Staffing Levels vs Activity/Outcomes</th>
<th>Patient Safety</th>
<th>Patient Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Daily</td>
<td>Night</td>
<td></td>
<td>Staff with Proper PPE, Seating and Space (%)</td>
<td>Staff with Proper PPE, Seating and Space (%)</td>
</tr>
<tr>
<td></td>
<td>Dry (%)</td>
<td>Night (%)</td>
<td></td>
<td>Grade 3/4</td>
<td>Patient Feedback (%)</td>
</tr>
<tr>
<td></td>
<td>Average Fill Rate - Registered Nurses/Full Time Equivalent (FTE)</td>
<td>Average Fill Rate - Other Healthcare Staff (FTE)</td>
<td></td>
<td>Med Green</td>
<td>Compliance</td>
</tr>
<tr>
<td></td>
<td>Per Diem</td>
<td>Per Diem</td>
<td></td>
<td>Staff with Proper PPE, Seating and Space (%)</td>
<td>Staff with Proper PPE, Seating and Space (%)</td>
</tr>
<tr>
<td>Ward 1</td>
<td>97.8%</td>
<td>91.5%</td>
<td>94.5%</td>
<td>95.2%</td>
<td>6.4</td>
</tr>
<tr>
<td>Ward 2</td>
<td>93.3%</td>
<td>87.6%</td>
<td>93.3%</td>
<td>83.9%</td>
<td>6.7</td>
</tr>
<tr>
<td>Ward 3</td>
<td>100.5%</td>
<td>96.0%</td>
<td>100.0%</td>
<td>96.4%</td>
<td>8.3</td>
</tr>
<tr>
<td>EAU</td>
<td>96.0%</td>
<td>87.3%</td>
<td>97.2%</td>
<td>93.3%</td>
<td>7.4</td>
</tr>
<tr>
<td>Acute Care Unit</td>
<td>104.7%</td>
<td>113.6%</td>
<td>92.2%</td>
<td>100.0%</td>
<td>18.8</td>
</tr>
</tbody>
</table>

*Note: Summary - Please re-enter hours for ICU staff member.*