NHS
United Lincolnshire
Hospitals
NHS Trust

To:	Trust Board
From:	Michelle Rhodes, Director of Nursing
Date:	1st June 2017
Essential Standards:	Health and Social Care Act 2008 (Regulated Activities) Regulation 18: Staffing
Title:	Monthly Nursing/Midwifery Workforce Assurance Paper for April 2017 data

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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:

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 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 April 2017. The report provides information on staff in post, nurse vacancies and Agency usage. Normally, ward quality data is also included but this was unavailable at the time of writing this report.

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 April 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 April 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 (%)
90.84 (92.93)	99.31 (96.18)	94.10 (98.07)	101.02 (100.36)

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 April 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	96.04 % (90.74 %)	92.38 % (89.46 %)	95.62 % (97.68 %)	97.23 % (89.57 %)
LCH	92.03 % (94.04 %)	98.27 % (94.94 %)	94.23 % (97.265 %)	100.30 % (100.63 %)
PHB	88.21 % (91.96 %)	102.05 % (99.11 %)	93.51 % (99.49 %)	101.58 % (102.63 %)

A full breakdown is normally provided to the Board, but unfortunately, due to the Cyber-Attack which affected the Trust in May 2017, the ward quality data is unavailable at the time of submitting this report. Hence, Appendix 1 only reflects the ward staffing data for April.   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 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 is being picked up at the establishment review which is currently ongoing.
- Ward 3A continue to report high fill rates which correspond to enhanced care and authorised use of additional staff to manage medical outliers
- Carlton Coleby are reporting over fill rates for registered nurses. This has been a temporary uplift in their template identified through the risk summit process, and aims to assist the ward in caring for patients who have NIV in situ. This is being discussed as part of the ongoing establishment review.
- 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. The establishment review is providing details of the establishment required for this new unit and will be presented in the final report at Board in July 2017.
- Both Stroke Units at Boston and Lincoln are reporting high HCSW fill rates which correspond to dependency and enhanced care on the areas

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 decreased in the month of April 2017, the largest decrease being seen on the Lincoln site. Grantham site have increased the number of registered nurses in post.
- It is noted that the Trust continues to report high levels of HCSW vacancies. This is currently being discussed with the Heads of Nursing and through the establishment review process as feedback has been received that there are still a number of vacancies in the figures which are currently in the recruitment 'pipeline'.

- There are plans to move to cohort recruiting of Band 2 and Band 5 posts in the near future.

Table Three: April 2017 vacancy positon

VACANCY POSITION

	Jan-17		Feb-17		Mar-17		Apr-17	
	Data from Payroll		Data from Payroll		Data from Payroll		Data from Payroll	
	R	UR	R	UR	R	UR	R	UR
Lincoln	127.04	34.51	107.12	34.77	105.01	33.48	127.54	47.84
Pilgrim	123.55	31.94	120.98	29.55	115.47	28.15	116.33	27.07
Grantham	24.78	14.60	26.78	11.65	28.98	10.65	25.70	11.40
Main Site Nursing & Midwifery Sub-total	**275.37**	**81.05**	**254.88**	**75.97**	**249.46**	**72.28**	**269.57**	**86.31**
Louth	0.82	2.83	1.82	2.03	1.82	3.36	1.82	4.16
Paediatrics & Neonatal	21.42	0.02	21.37	1.58	20.22	0.94	24.14	0.67
Obs & Gynae	10.33	12.30	10.95	11.50	12.88	11.90	17.57	12.69
Diagnostics	8.44	2.35	9.77	3.95	8.77	2.95	7.97	0.75
Corporate Nursing – All Sites	15.88	1.76	15.50	1.76	12.84	1.76	15.09	3.36
Specialist Nursing – All Sites	5.97	-1.24	3.62	-1.24	3.62	-1.24	5.05	-1.24
Nursing & Midwifery Sub-total	**338.23**	**99.07**	**317.91**	**95.55**	**309.61**	**91.95**	**341.21**	**106.70**
Physiotherapy	13.90	5.28	14.11	4.29	14.27	4.29	19.28	6.29
Occupational Therapy	6.50	4.30	6.55	4.30	6.02	2.28	7.92	4.19
Dietetics	1.56	0.00	2.56	0.00	1.56	0.00	6.47	0.00
Total	**360.19**	**108.65**	**341.13**	**104.14**	**331.46**	**98.52**	**374.88**	**117.18**
Nursing & Midwifery In Post	1,956.35	822.76	1,957.48	825.45	1,963.59	831.49	1,957.27	833.27

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 at Lincoln and Grantham, with the expectation that the Boston nurses will receive their information next week. 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.

Three Filipino nurses joined the Trust in April and a further five are expected in May.

Six nurses have commenced their Return to Nursing Practice course within the Trust in April 2017

3.3 Reducing Reliance and Expenditure on Agency Staff

The number of agency shifts used in April has fallen which reflects a downwards trend over the past year. Additional approval measures have been implemented by the Heads of Nursing to ensure that all other options for temporary staffing are considered before Agency shifts are booked. There continues to be no non-registered nurse agency usage. 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. The number of shifts booked that breached Framework and price cap has reduced dramatically in April, reflective of the complex patient who was in need of specialist agency nursing care being discharged from the Lincoln site.

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

Staff Group	Week Commencing	03/04/2017	10/04/2017	17/04/2017	24/04/2017
Nursing, Midwifery & Health Visiting	Framework only	14	0	2	0
Nursing, Midwifery & Health Visiting	Price cap only	349	343	329	351
Nursing, Midwifery & Health Visiting	Both framework & price cap	13	0	2	0
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

The trajectory for agency usage (appendix 2) has not been finalised for 17/18 to the time of this report but will be updated when available.

The Block booking of Registered Nurses has been reviewed by the Heads of Nursing as these arrangements are generally arranged through the more expensive tier 4 agencies, and continue to account for 60% of the agency costs.

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

		01/04/2017	02/04/2017	03/04/2017	04/04/2017	05/04/2017	06/04/2017	07/04/2017	08/04/2017	09/04/2017	10/04/2017	11/04/2017	12/04/2017	13/04/2017	1
Lincoln	Total Temp Staffing %	20.00	21.40	23.40	17.50	19.30	16.50	17.00	17.00	22.30	19.60	18.11	17.10	15.50	
	Agency %	14.70	16.20	16.10	13.00	15.00	13.30	11.40	12.60	14.00	13.40	12.45	12.40	11.13	
Boston	Total Temp Staffing %	22.60	23.00	15.40	26.00	27.00	17.00	17.00	17.00	22.30	16.50	22.30	22.50	19.26	
	Agency %	17.50	16.90	13.90	22.30	23.00	14.20	14.00	15.30	15.30	15.60	17.62	21.30	17.26	
Lincoln	Percentage Bank/Agency Fill														
Boston	Percentage Bank/Agency Fill														

Percentage Temporary Staffing
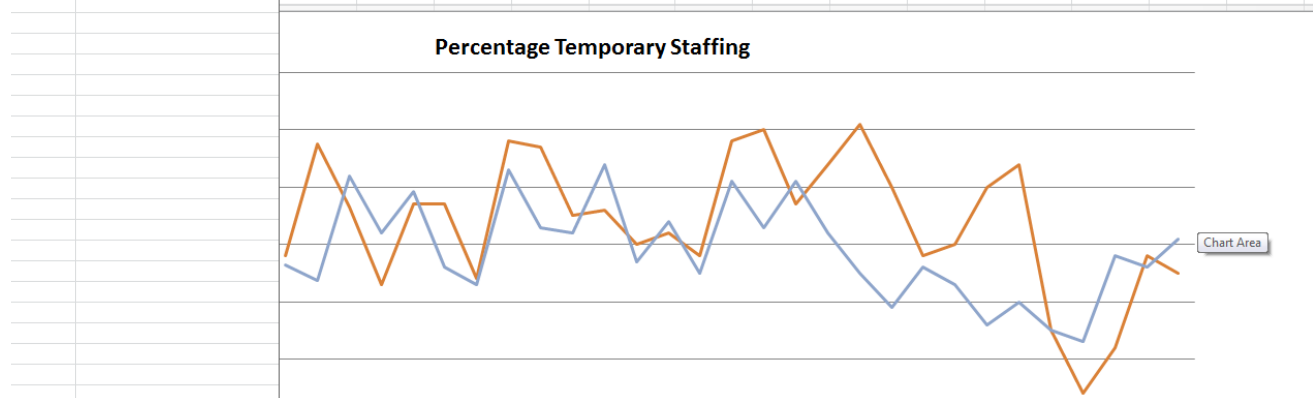
4.0 Recommendations

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: April 2017 Workforce Dashboard

Safe Staffing Performance Dashboard - APRIL 2017

Ward Level Staffing - Average Fill Rates for month APRIL 2017

SITE/Ward	Actual Fill Rates for Staffing				Agency Expenditure	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 (%)		Exeption report		Data: Ward health Check	Data: DATIX	DATA: PUNT	DATA: WARD HEALTH CHECK	DATA: WARD HEALTH CHECK	DATA: WARD HEALTH CHECK	DATA: WARD HEALTH CHECK
GRANTHAM DISTRICT HOSPITAL														
Ward 1	97.7%	88.3%	98.1%	96.7%			7.0							
Ward 2	93.1%	98.5%	91.5%	91.8%			6.0							
Ward 6	96.0%	94.3%	100.0%	95.5%			9.7							
EAU	96.9%	93.4%	95.6%	104.9%			8.6							
Acute Care Unit (formerly Critical Care Unit)	96.2%	72.4%	94.4%	-		Small HCSW team - not backfilled when absent	20.0							
LINCOLN COUNTY HOSPITAL														
Ashby	92.6%	95.2%	100.0%	96.7%			7.0							
Bardney	99.4%	97.4%	103.7%	95.6%			12.7							
Branston	84.5%	85.6%	100.0%	93.2%			13.0							
Burton	93.9%	114.6%	95.1%	102.0%			6.3							
Carlton Coleby	91.6%	109.4%	126.9%	100.0%		Temporary uplift in shifts has been agreed to assist with NIV service	6.3							
Clayton	89.3%	97.0%	92.5%	96.7%			5.9							
Dixon	120.0%	99.7%	91.3%	101.2%		Fill rates correspond to supporting superneumerary staff and phased returns	5.7							
Frailty Assessment UNIT	87.2%	136.7%	87.8%	123.8%		Fill rates correspond to temporary uplift to template until establishment review findings agreed	6.3							
Greetwell	88.1%	94.6%	99.1%	96.4%			5.4							
Hatton	95.3%	100.9%	106.0%	96.9%			7.3							
ICU	90.2%	62.3%	86.5%	55.1%		HCSW not always replaced - not a new issue, suggest discussions re template	27.4							
Johnson	96.2%	100.7%	97.4%	100.0%			13.3							
Lancaster	92.7%	98.1%	95.0%	104.3%			5.8							
Navenby	93.1%	108.3%	95.5%	101.8%			5.6							
Nettleham	105.9%	96.4%	100.1%	87.0%			2.1							
Neustadt Welton	90.8%	97.7%	93.2%	94.4%			6.1							
Nocton	87.0%	82.5%	80.6%	96.5%			11.7							
Rainforest	96.9%	125.6%	92.4%	160.0%			11.8							
Scampton	88.7%	101.2%	100.0%	126.1%		HCSW fill rates correspond to enhanced care / high dependancy	6.6							
Shuttleworth	92.0%	93.1%	98.5%	98.2%			6.6							
Stroke Unit	87.6%	95.5%	92.7%	113.2%		HCSW fill rates correspond to enhanced care / high dependancy	7.2							
Waddington Unit	94.3%	89.3%	96.9%	103.3%			6.5							
MEAU	87.0%	81.7%	88.0%	97.9%			10.8							
SEAU	88.5%	99.1%	92.0%	90.0%			8.5							
PILGRIM HOSPITAL, BOSTON														
Acute Cardiac Unit (formerly Coronary Care Unit)	92.9%	97.4%	82.7%	110.2%		High HCSW fill rates on night due to enhanced care / high dependancy	7.2							
Labour Ward	104.1%	92.8%	102.1%	93.7%			20.5							
Neonatal	77.8%	155.4%	87.9%	104.7%		HCSW shifts being used where safe to cover RN gaps	22.9							
Stroke Unit	85.3%	114.8%	81.6%	94.9%		HCSW fill rates correspond to enhanced care / high dependancy	10.2							
3A	146.5%	107.7%	93.3%	97.4%		Fill rates correspond to enhanced care and authorised use of additional staff to manage medical outliers	5.6							
3B	93.9%	104.7%	97.6%	109.6%			6.2							
4A	86.3%	63.7%	100.0%	50.0%		5 beds remain closed	18.2							
5A	110.5%	115.3%	98.4%	121.3%		Fill rates correspond to enhanced care, High dependancy and acuity	7.9							
5B	73.6%	122.4%	96.8%	98.3%		Alternate grade used (skill mix) - suggest template review	7.4							
6A	91.7%	97.1%	93.2%	96.7%			6.4							
6B	88.5%	109.5%	91.1%	105.6%			6.7							
7A	93.6%	94.1%	98.3%	100.0%			5.8							
7B	82.6%	106.8%	92.1%	123.0%		HCSW fill rates correspond to enhanced care / high dependancy	6.1							
8A	92.7%	103.4%	92.0%	97.8%			6.3							
M2	89.8%	109.7%	96.5%	114.1%		HCSW fill rates crrespond to a temporary uplift in template	11.7							
AMU (formerly CDU)	66.2%	104.4%	107.1%	94.4%		Alternate grade used - suggest template review	9.1							
Bostonian	89.6%	102.8%	98.3%	142.7%		Fill rates reflect high dependancy / enhanced care	8.0							
ICU	81.8%	75.1%	88.3%	100.0%		HCSW shifts not replaced	30.4							

In-Month Nursing Agency Ceiling

Target:	
Trajectory Start Month:	Apr '17
Trajectory End Month:	Mar '18

Objective: Actual £ spent to be BELOW the trajectory

Summary	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Operational Agency Usage (£)	736,176											
Monthly Trajectory												
Difference from Trajectory	736,176	0	0	0	0	0	0	0	0	0	0	0
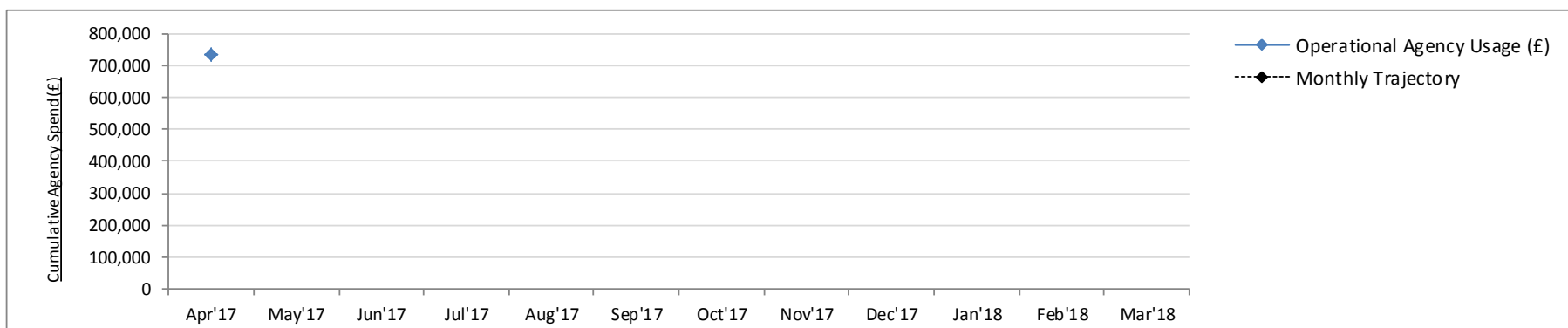
Return to Summary Table

Key:

BAD NEWS!
GOOD NEWS!