United Lincolnshire Hospitals NHS

NHS Trust

To:	Trust Board
From:	Michelle Rhodes, Director of Nursing
Date:	
Essential Standards:	Health and Social Care Act 2008 (Regulated Activities) Regulation 18: Staffing
Title:	Monthly Nursing/Midwifery Workforce Assurance Paper for October, November & December 2016

Author/Responsible Director: Michelle Rhodes, Director of Nursing
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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 provides 3 months data as an exception, this has occurred due to holiday periods when Trust board meetings were not held

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	**Performance KPIs year to date**
Risk Ref: 2 and 4	• 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 October, November and December 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 October, November & December 2016. The table reports that the fill rate has remained good and 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 October, November & December **2016**

Month	Day		Night	
	Ave Fill rate- Registered Nurses/ Midwives (%)	Ave fill rate – care staff (%)	Ave Fill rate- Registered Nurses/ Midwives (%)	Ave fill rate – care staff (%)
October 2016	94.08	96.85	98.40	100.52
November 2016	94.33	97.04	98.45	100.21
December 2016	92.52	93.81	97.72	98.09

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 2016 by Hospital Site

	Average Fill rate- Registered Nurses/ Midwives (%)	Average fill rate – care staff (%)	Average Fill rate- Registered Nurses/ Midwives (%)	Average fill rate – care staff (%)
Site Oct	Day		Night	
GDH	94.36%	95.08%	96.01%	95.19%
LCH	98.10%	96.66%	97.63%	98.69%
PHB	88.96	97.45%	100.27%	103.95%
Site Nov	Day		Night	
GDH	95.74%	95.82%	96.96%	92.43%
LCH	97.77%	95.07%	97.73%	96.06%
PHB	89.79%	99.53%	100.26%	107.15%
Site Dec	Day		Night	
GDH	99.59%	90.04%	105.61%	89.19%
LCH	94.13%	93.58%	95.95%	96.83
PHB	89.04%	94.86%	98.56%	101.77%

A full breakdown is available in Appendix 1 which provides the ward staffing dashboard. The following hotspots are highlighted on the dashboard for **October 2016**:

- Intensive care units at both Lincoln and Boston are showing a low HCSW fill rate on nights, and on days at Lincoln, with an over-fill rate on days at Boston. The low fill rates are occurring when the HCSW shift is not routinely filled. This appears to be an ongoing trend and is being picked up through the establishment reviews. The over-fill rate on days at Boston has been discussed with the Unit Manager who assures us that she is dealing with it.
- Of note in October was the occasions where a number of wards that are showing over 100% fill rates for a variety of reasons. The Corporate nursing team have noted this and a paper was presented to the Trust Quality Governance Committee with a response from the heads of nursing as to why this had occurred.

The following hotspots are highlighted on the dashboard for **November 2016**:

- High levels of fill rate on **Ashby** for care staff on days and nights, this corresponds to the need for enhanced care
- High levels of Registered Nurse fill on days on **Dixon** ward which was agreed as a temporary uplift to manage additional beds and enhanced care
- High levels of fill rates for care staff on days and nights on **Johnson** which was agreed as a temporary uplift to template and which has since been reviewed and removed
- There has been high levels of using up unused hours noted on **Rainforest** – The Head of Midwifery has been asked to investigate and respond
- High levels of fill rate for care staff on days and nights on **Ward 3A** which has been agreed to manage volume of medical outliers
- Low levels of registered nurse fill rate and high levels of care staff on **Ward 5B** which has been agreed as using alternate grades of staff where it is considered safe to do so
- Low levels of registered nurse fill on days in **AMU at Boston** and high levels of care staff which is reflective of the demand for enhanced care on the unit and a temporary uplift to template.

There were no new hotspot areas highlighted on the dashboard for **December 2017**, there were instances of high fill rates once again, but these corresponded to high dependency areas and wards that were providing enhanced care.

Please note that there is (quality) data missing from the dashboards over November and December. This was due to an issue with the Datix system which lead to the data not being reported on.

3.0   Care Hours Per Patient Day (CHPPD)

The Deputy Chief Nurse is attending a study day in February to understand how to make better use of CHPPD data and the Model hospital and how to apply this to our Trust data.

4   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 rates. The impact made on these figures by the newly qualified nurses will be evident in next month's report.

Table Three: December 2016 vacancy position

VACANCY POSITION	Aug-16		Sep-16		Oct-16		Nov-16		Dec-16	
	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	161.68	40.91	109.73	45.49	132.79	55.63	134.42	56.91	129.10	55.73
Pilgrim	120.68	47.28	105.72	43.86	110.21	39.43	110.85	35.20	116.59	31.23
Grantham	30.92	4.76	23.92	7.34	23.67	11.85	22.37	11.69	23.09	11.47
Main Site Nursing & Midwifery Sub-total	**313.28**	**92.95**	**239.37**	**96.69**	**266.67**	**106.91**	**267.64**	**103.80**	**268.78**	**98.43**
Louth	2.02	2.30	1.82	3.83	1.82	3.83	1.82	2.83	0.82	2.83
Paediatrics & Neonatal	32.59	2.83	27.35	2.51	20.53	2.91	20.61	3.91	21.64	0.62
Obs & Gynae	29.73	7.68	26.78	9.27	16.80	9.60	11.90	10.37	9.72	12.50
Diagnostics	5.03	2.00	5.41	2.00	6.12	2.49	5.66	1.69	5.90	2.60
Corporate Nursing – All Sites	13.24	0.76	12.86	1.29	13.28	1.29	15.21	1.29	19.32	1.19
Specialist Nursing – All Sites	-0.34	-0.60	5.04	-1.75	3.03	-1.75	-1.02	-1.60	2.05	-2.55
Nursing & Midwifery Sub-total	**395.55**	**107.92**	**318.63**	**113.84**	**328.25**	**125.28**	**321.82**	**122.29**	**328.23**	**115.62**
Physiotherapy	14.79	8.57	13.00	9.57	11.19	10.37	11.85	3.73	12.44	3.33
Occupational Therapy	9.43	0.62	11.43	1.77	7.77	3.39	6.45	2.52	7.38	1.52
Dietetics	1.96	0.00	-0.84	0.00	-0.84	0.00	-0.44	0.00	0.56	0.00
Total	**421.73**	**117.11**	**342.22**	**125.18**	**346.37**	**139.04**	**339.68**	**128.54**	**348.61**	**120.47**
Nursing & Midwifery In Post	1,888.86	809.75	1,958.94	802.22	1,958.52	807.38	1,963.16	810.93	1,963.63	819.20
Nursing & Midwifery Vacancy Changes	16.91%	48.02%	-6.79%	38.47%	-17.01%	16.09%	1.00%	7.42%	1.99%	-5.45%
-VE : Reduced Vacancy										
+VE : Increased Vacancy										

Key points to note:

- The actual number of registered nurses in post has remained static over the past 3 months a
- The actual number of HCSW in post has increased marginally by 8.07 wte over the same time frame

4.2 Recruitment

Five of our Filipino nurses have recently sat the NMC OSCE exam which is the final stage before their full nursing registration in the UK. 3 candidates passed the exam but 2 failed. Both candidates will be required to re-sit this exam, however, they only have to re-sit the practical exams. We are expecting a further 3 nurses from the Philippines in the next month.

Both candidates are aware, and are being supported with four week preparation timeframe for a re-sit, which is in line with NMC recommendations. They will attend drop-in two hourly sessions twice a week to prepare for the re-sit.

The interviews at the UoL were very successful and we interviewed 127 student nurses, 121 UoL the other 6 from various HEI's.

Second 1:1 interviews are to be arranged for those who were unsuccessful, in a group setting, and 16 candidates will be re-interviewed over 2 days.

3 were unsuccessful and meetings have been arranged with 2 of them to offer them support and some additional interview practice. They will then be re-interview on the 20th March.

4.3   Reducing Reliance and Expenditure on Agency Staff

There is a continued increase in numbers of staff joining the nurse bank (see table 4) with 620 registered nurses being registered on the bank (540 in April 16), and 753 unregistered nurses (658 in April 16).

Table 4. Number of staff on the Hospital Nursing Bank
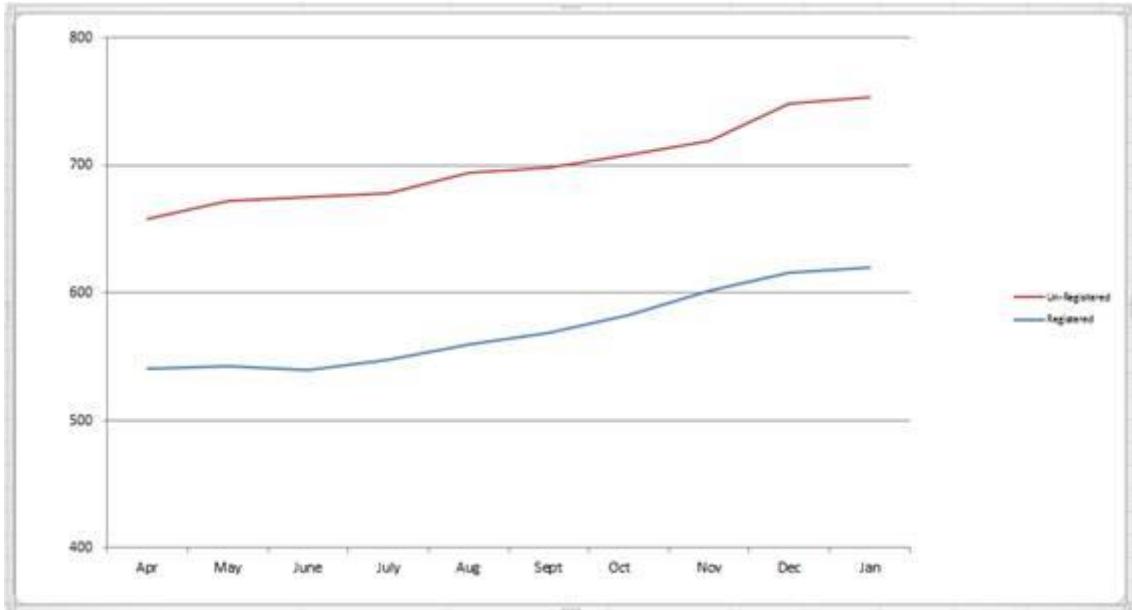
Two incentives have been recently introduced in an attempt to increase the number of bank shifts booked by our registered nurses. Since their introduction we have seen an increase in the volume of bank requests but also an increase in bank shifts being booked. We believe that this is in the main down to the temporary 20% uplift in hourly rate incentive.

Initial feedback about the incentive that supports those staff who working a bonus payment of £450 if they work 150 hours, suggests that this has been received less positively, particularly from non-registered members of staff who are not eligible for this scheme.

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

Staff Group	Week Commencinhg	05/12/2016	12/12/2016	19/12/2016	26/12/2016
Nursing, Midwifery & Health Visiting	Framework only	0	0	15	13
Nursing, Midwifery & Health Visiting	Price cap only	509	465	368	318
Nursing, Midwifery & Health Visiting	Both framework & price cap	0	0	15	12
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

5.0 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.
- Note the mitigation that has been taken in the hotspot areas

Appendix One: October 2016 Workforce Dashboard

Safe Staffing Performance Dashboard - October 2016

Ward Level Staffing - Average Fill Rates for month October 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/mid wives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/mid wives (%)	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	97.1%	89.0%	99.0%	92.0%		4.8	0	0	0	2	100%	0	100%
Ward 2	94.7%	104.3%	91.6%	96.8%		5.2	0	0	0	4	100.00%	0	91%
Ward 6	92.1%	96.5%	109.7%	96.8%		6.9	0	0	0	0	100.00%	1	100%
EAU	92.9%	92.3%	97.8%	95.2%		6.0	0	0	0	0	90.00%	0	93%
Critical Care Unit	95.3%	88.1%	86.5%	-	High vacancy rate - some be	19.1	0	0	0	0		0	
LINCOLN COUNTY HOSPITAL													
Ashby	93.0%	149.4%	98.4%	182.0%	shifts correspond to accuity levels and need for enhanced care	7.9	0	0	0	0	100.00%	0	100%
Bardney	93.3%	93.0%	100.7%	87.5%		12.0	0	0	0	0		0	100%
Branston	93.3%	81.0%	101.5%	90.3%		10.8	0	0	0	1	95.00%	1	88%
Burton	105.5%	94.4%	98.8%	93.5%		4.8	0	1	0	4	100.00%	0	100%
Carlton Coleby	97.3%	88.8%	131.2%	94.6%	Temporary uplift to template agreed following recent risk summit	4.9	0	1	0	7	100.00%	2	88%
Clayton	95.3%	99.5%	96.9%	97.5%		5.2	0	0	0	2	100.00%	0	85%
Dixon	161.0%	136.7%	98.9%	97.7%	Temporary uplift to template to manage additional beds and enhanced care	4.7	0	0	0	12	100.00%	1	88%
Digby	92.0%	94.7%	97.1%	93.5%		4.1	0	0	1	5	97.00%	0	67%
Greetwell	95.7%	100.8%	105.8%	94.6%		4.0	0	0	0	2	100.00%	0	85%
Hatton	97.6%	88.3%	103.2%	92.2%		4.6	0	0	0	2	100.00%	1	100%
ICU	97.6%	48.4%	86.3%	9.7%	HCSW not always replaced - not a new issue, suggest discussions re template	24.8	0	0	0	1	100.00%	0	
Johnson	93.4%	125.7%	102.3%	123.4%	Shift fill rates correspond to accuity and dependency with alternate grade (skill mix) used from existing staff rather than external where safe to do so	12.1	0	0	0	2	96.00%	0	89%
Lancaster	102.4%	97.5%	106.6%	130.4%	Rates correspond to enhanced care and acuity of patients	5.1	0	0	0	0	95.00%	1	100%
Navenby	107.9%	111.6%	101.1%	95.2%	Temporary uplift to template on a late shift	4.8	0	0	0	2	100.00%	0	60%
Nettleham	99.6%	84.4%	93.9%	72.1%		2.1	0	0	0	1		0	
Neustadt Welton	98.4%	103.4%	99.6%	98.2%		4.6	0	0	1	2	88.00%	0	100%
Nocton	100.4%	56.0%	76.5%	60.6%	10 cots remain closed- considering new model of care	11.0	0	0	0	1		0	
Rainforest	105.6%	130.0%	103.2%	163.9%	High levels of un registered shifts, high levels of using up unused hours? Suggest template review	10.9	0	0	0	6		0	91%
Shuttleworth	95.3%	102.2%	99.5%	109.7%		6.0	0	2	0	3	100.00%	1	94%
Stroke Unit	92.9%	97.1%	100.1%	95.2%		6.2	0	0	0	3	100.00%	1	94%
Waddington Unit	93.7%	83.5%	99.0%	158.1%	Rates correspond to acuity and enhanced care	4.2	0	0	0	4	93.00%	0	77%
MEAU	97.7%	85.6%	94.5%	92.9%		13.0	0	0	0	9	100.00%	1	84%
SEAU	90.9%	96.4%	100.6%	93.5%		7.4	0	0	0	1	100.00%	0	82%
PILGRIM HOSPITAL, BOSTON													
Acute Cardiac Unit (formerly Coronary Care Unit)	97.8%	88.1%	88.4%	119.4%	Increased HCSW on nights instead of RN as considered appropriate	6.4	0	0	0	1	100.00%	0	82%
Labour Ward	109.2%	86.5%	101.2%	100.8%	Extended shifts leading to increased fill v template.	10.6	0	0	0	0		0	100%
Neonatal	79.1%	117.3%	82.8%	148.4%	Template needs review to accommodate different model	16.5	0	0	0	1		0	
Stroke Unit	103.8%	106.2%	101.0%	102.7%	HCSW and AP shifts being used where safe to cover RN gaps	6.0	0	1	0	3	89.00%	0	86%
3A	91.1%	121.7%	100.2%	103.2%	Authorised use of additional staff in the afternoon to manage medical outliers and corresponding acuity	5.3	0	0	0	1	96.00%	1	91%
3B	93.1%	108.7%	98.8%	141.5%	Duties correspond to high acuity	5.3	0	2	0	2	90.00%	4	80%
Paediatric Ward - 4A	70.6%	55.9%	92.2%	50.0%	5 beds remain closed and alternative models of care are being explored	16.6	0	0	0	1		0	91%
5A	85.6%	124.6%	104.0%	111.4%	Fill rates correspond to high acuity at night	6.5	0	1	0	3	94.00%	0	77%
5B	78.2%	107.2%	96.2%	101.6%	Alternate grade used (skill mix)	5.3	0	0	0	3	100.00%	0	84%
6A	91.3%	93.7%	98.0%	103.5%		5.3	0	0	0	3	100.00%	0	100%
6B	91.6%	99.1%	103.4%	97.7%		5.5	0	0	0	0	100.00%	0	88%
7A	88.1%	94.3%	101.6%	93.4%		5.0	0	0	0	0	100.00%	1	77%
7B	101.0%	91.4%	118.1%	132.6%	Rates correspond to enhanced care and high acuity	6.7	1	1	0	6	100.00%	0	73%
8A	102.1%	104.1%	113.1%	119.8%	Escalation beds open plus a clinic is being run from this area. Template has been reviewed	5.2	0	0	0	6	100.00%	0	80%
M2	82.6%	86.5%	102.6%	95.2%		6.9	0	0	0	0	100.00%	0	74%
AMU (formerly CDU)	82.0%	99.4%	124.5%	110.1%	Temporary uplift to template for staff on nights	9.1	0	2	0	9	100.00%	0	97%
Bostonian	95.8%	97.9%	103.2%	96.8%	Unfilled registered staff managed by alternate grade.	5.5	0	0	0	0	100.00%	0	90%
ITU	85.8%	112.8%	89.4%	3.5%	HCSW shifts not always filled	26.3	0	0	0	0	100.00%	0	

Appendix 1a: November 2016 workforce dashboard

Safe Staffing Performance Dashboard - November 2016

Ward Level Staffing - Average Fill Rates for month November 2016

SITE/Ward	Actual Fill Rates for Staffing				Staffing Levels Vs Activity/Acuity — Exeption report	CHPPD	SI's — Data: Ward health Check	Falls with Harm (Moderate, Severe and Death) — Data: DATIX	Grade 3/4 PU — DATA: PUNT	Med Errors — DATA: WARD HEALTH CHECK	New ST Harm Free % — DATA: WARD HEALTH CHECK	Complaints — DATA: WARD HEALTH CHECK	FFT — DATA: WARD HEALTH CHECK
	Day		Night								Patient Experience		
	Average fill rate - registered nurses/mid wives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/mid wives (%)	Average fill rate - care staff (%)									
GRANTHAM DISTRICT HOSPITAL													
Ward 1	99.3%	95.0%	95.9%	96.6%		5.5	N/C	N/C	0	N/C	96%	N/C	100%
Ward 2	94.5%	100.3%	93.9%	85.0%		4.8	N/C	N/C	0	N/C	100.00%	N/C	92%
Ward 6	93.5%	99.2%	104.9%	91.7%		6.5	N/C	N/C	0	N/C	100.00%	N/C	100%
EAU	98.6%	90.2%	101.1%	96.4%		5.3	N/C	N/C	0	N/C	92.00%	N/C	94%
Critical Care Unit	90.8%	82.5%	91.7%	-	High vacancy rate - some be	17.4	N/C	N/C	0	N/C	100.00%	N/C	94%
LINCOLN COUNTY HOSPITAL													
Ashby	96.1%	150.2%	96.7%	186.7%	shifts correspond to need for enhanced care	8.2	N/C	N/C	0	N/C	100.00%	N/C	100%
Bardney	96.4%	96.0%	100.8%	92.1%		13.4	N/C	N/C	0	N/C	N/C	N/C	100%
Branston	95.3%	91.5%	100.0%	91.2%		13.0	N/C	N/C	0	N/C	100.00%	N/C	92%
Burton	97.6%	94.9%	107.0%	103.3%		6.4	N/C	N/C	0	N/C	100.00%	N/C	95%
Carlton Coleby	96.7%	91.6%	131.2%	98.3%	Temporary uplift in shifts has been agreed	6.0	N/C	N/C	0	N/C	100.00%	N/C	77%
Clayton	93.7%	97.0%	98.6%	120.0%	Fill rates correspond to need for enhanced care	5.8	N/C	N/C	0	N/C	92.00%	N/C	83%
Dixon	136.0%	100.5%	98.9%	109.7%	Temporary uplift to template to manage additional beds and enhanced care	5.2	N/C	N/C	0	N/C	92.00%	N/C	86%
Digby	98.2%	95.0%	100.1%	103.3%		4.8	N/C	N/C	0	N/C	89.00%	N/C	80%
Greetwell	97.5%	100.4%	102.2%	100.1%		5.6	N/C	N/C	0	N/C	93.00%	N/C	73%
Hatton	98.1%	93.7%	97.3%	108.3%		9.3	N/C	N/C	0	N/C	100.00%	N/C	100%
ICU	93.2%	64.7%	88.3%	13.3%	HCSW not always replaced - not a new issue, suggest discussions re template	26.4	N/C	N/C	0	N/C	100.00%	N/C	N/C
Johnson	95.5%	113.7%	100.1%	123.1%	Shift fill rates correspond to temporary uplift to template which is under review	13.0	N/C	N/C	0	N/C	100.00%	N/C	90%
Lancaster	96.7%	96.5%	105.0%	104.4%		5.8	N/C	N/C	0	N/C	100.00%	N/C	100%
Navenby	98.9%	102.7%	99.2%	88.3%		5.2	N/C	N/C	0	N/C	92.00%	N/C	75%
Nettleham	101.6%	82.7%	100.8%	81.2%		2.1	N/C	N/C	0	N/C	N/C	N/C	90%
Neustadt Welton	97.3%	107.4%	98.9%	69.7%	not requested any backfill for vacant night duties	5.3	N/C	N/C	0	N/C	100.00%	N/C	83%
Nocton	102.9%	60.3%	77.4%	48.2%	10 cots remain closed	17.1	N/C	N/C	0	N/C	N/C	N/C	N/C
Rainforest	100.4%	135.0%	98.8%	148.3%	High levels of using up unused hours	8.5	N/C	N/C	0	N/C	N/C	N/C	90%
Shuttleworth	95.5%	93.7%	100.2%	101.0%		6.4	N/C	N/C	0	N/C	96.00%	N/C	0%
Stroke Unit	92.5%	93.1%	98.0%	98.3%		6.6	N/C	N/C	0	N/C	92.00%	N/C	77%
Waddington Unit	97.0%	83.0%	99.5%	96.7%		5.4	N/C	N/C	0	N/C	92.00%	N/C	83%
MEAU	102.2%	81.3%	99.8%	94.4%		10.6	N/C	N/C	0	N/C	100.00%	N/C	81%
SEAU	95.7%	89.0%	97.3%	88.3%		7.8	N/C	N/C	0	N/C	83.00%	N/C	79%
PILGRIM HOSPITAL, BOSTON													
Acute Cardiac Unit (formerly Coronary Care Unit)	95.3%	88.1%	100.0%	89.5%		7.2	N/C	N/C	0	N/C	100.00%	N/C	100%
Labour Ward	113.2%	95.0%	102.0%	97.9%	Extended shifts leading to increased fill v template.	13.0	N/C	N/C	0	N/C	N/C	N/C	100%
Neonatal	84.1%	96.0%	74.8%	170.9%	HCSW shifts being used where safe to cover RN gaps	23.2	N/C	N/C	0	N/C	N/C	N/C	N/C
Stroke Unit	99.6%	111.1%	101.9%	101.4%	Additional staff booked directly by site duty manager	7.1	N/C	N/C	0	N/C	100.00%	N/C	86%
3A	94.6%	121.7%	100.1%	115.0%	Authorised use of additional staff in the afternoon to manage medical outliers	5.5	N/C	N/C	2	N/C	92.00%	N/C	91%
3B	95.1%	102.1%	97.8%	114.8%	Duties correspond to high dependency and enhanced care	5.9	N/C	N/C	1	N/C	79.00%	N/C	91%
Paediatric Ward - 4A	68.2%	66.1%	95.1%	48.3%	5 beds remain closed and alternative models of care are being explored	14.9	N/C	N/C	0	N/C	N/C	N/C	86%
5A	91.4%	119.8%	102.3%	125.9%	Fill rates correspond to enhanced care and use of alternate grades	7.7	N/C	N/C	0	N/C	96.00%	N/C	86%
5B	79.3%	133.3%	99.3%	156.0%	Alternate grade used (skill mix)	7.4	N/C	N/C	0	N/C	91.00%	N/C	94%
6A	95.5%	95.9%	96.7%	97.8%		6.5	N/C	N/C	0	N/C	96.00%	N/C	95%
6B	96.0%	93.8%	99.2%	95.6%		6.5	N/C	N/C	0	N/C	100.00%	N/C	93%
7A	90.7%	95.8%	98.3%	106.7%		5.7	N/C	N/C	0	N/C	100.00%	N/C	94%
7B	100.9%	94.6%	104.4%	101.7%		7.1	N/C	N/C	0	N/C	92.00%	N/C	79%
8A	97.1%	91.0%	100.2%	112.7%	Fill rates correspond to enhanced care	7.0	N/C	N/C	0	N/C	100.00%	N/C	83%
M2	93.7%	93.5%	101.1%	91.5%		8.4	N/C	N/C	0	N/C	92.00%	N/C	86%
AMU (formerly CDU)	78.2%	113.7%	123.6%	117.7%	High levels of enhanced care being facilitated by temporary uplift to template. Shifts not been filled by Agency	10.1	N/C	N/C	0	N/C	100.00%	N/C	87%
Bostonian	95.0%	101.1%	100.0%	93.3%		5.9	N/C	N/C	0	N/C	100.00%	N/C	88%
ITU	85.6%	96.8%	87.0%	100.0%		20.7	N/C	N/C	0	N/C	100.00%	N/C	N/C

Safe Staffing Performance Dashboard - DECEMBER 2016

Ward Level Staffing - Average Fill Rates for month DECEMBER 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/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 CHECK	DATA: WARD HEALTH CHECK	DATA: WARD HEALTH CHECK	DATA: WARD HEALTH CHECK
GRANTHAM DISTRICT HOSPITAL													
Ward 1	106.8%	88.4%	101.3%	90.1%		6.2	0	0	0	N/C	91%	0	0%
Ward 2	96.5%	88.7%	94.2%	86.4%		5.5	0	0	0	N/C	100.00%	1	100%
Ward 6	96.8%	97.5%	124.2%	95.2%	Escalation beds open	8.3	0	0	0	N/C	100.00%	0	94%
EAU	98.5%	89.1%	117.2%	85.1%	Escalation beds open	6.0	0	1	0	N/C	95.00%	0	100%
Acute Care Unit (formerly Critical Care Unit)	99.4%	78.3%	97.4%	-	High vacancy rate - some bed closures facilitated	15.6	0	0	0	N/C	50.00%	0	100%
LINCOLN COUNTY HOSPITAL													
Ashby	94.1%	131.2%	98.2%	138.7%	shifts correspond to need for enhanced care	7.4	0	0	0	N/C	100.00%	0	100%
Bardney	93.1%	88.3%	94.2%	82.6%		12.6	0	0	0	N/C	N/C	0	100%
Branston	88.8%	87.9%	100.1%	93.4%		11.9	0	0	0	N/C	100.00%	0	89%
Burton	100.4%	102.9%	100.6%	96.1%		5.8	0	0	0	N/C	100.00%	0	100%
Carlton Coleby	99.0%	91.8%	130.4%	98.9%	Temporary uplift in shifts has been agreed	5.9	0	0	0	N/C	100.00%	0	83%
Clayton	94.7%	103.4%	100.0%	116.1%	Fill rates correspond to need for enhanced care	5.4	0	0	0	N/C	92.00%	0	98%
Dixon	119.1%	82.5%	97.9%	92.4%	Temporary uplift to template to manage additional beds and enhanced care	4.6	0	0	0	N/C	96.00%	0	71%
Digby (Greetwell 2016)	96.1%	92.7%	100.6%	100.0%		2.3	0	0	0	N/C	100.00%	0	100%
Greetwell (Hatton 2016))	91.7%	98.0%	100.6%	118.5%		5.9	0	0	0	N/C	100.00%	0	0%
Hatton	92.3%	92.6%	96.9%	105.7%		5.0	0	1	0	N/C	94.00%	0	100%
ICU	92.2%	68.3%	89.6%	19.4%	HCSW not always replaced - not a new issue, suggest discussions re template	24.1	0	0	0	N/C	100.00%	0	N/C
Johnson	95.2%	108.8%	98.9%	117.2%	Shift fill rates correspond to temporary uplift to template which is under review	11.9	0	0	0	N/C	96.00%	0	94%
Lancaster	91.9%	92.8%	100.1%	103.4%		5.4	0	1	0	N/C	100.00%	1	0%
MEAU	88.9%	80.1%	93.3%	92.5%		9.6	0	1	0	N/C	100.00%	1	78%
FAU													
Navenby	98.3%	100.8%	100.1%	97.0%		5.0	0	0	0	N/C	91.00%	0	67%
Nettleham	96.2%	92.2%	98.1%	77.6%		2.5	0	0	0	N/C	N/C	1	N/C
Neustadt Welton	95.2%	107.7%	99.0%	92.8%	not requested any backfill for vacant night duties	5.7	0	0	1	N/C	96.00%	1	80%
Nocton	99.3%	57.8%	74.0%	71.9%	10 cots remain closed	14.2	0	0	0	N/C	N/C	0	N/C
Rainforest	100.5%	135.4%	101.4%	158.4%	High levels of using up unused hours	10.4	1	0	0	N/C	N/C	0	90%
SEAU	92.7%	90.8%	96.9%	93.3%		7.5	0	0	0	N/C	100.00%	0	75%
Scampton	72.5%	93.1%	67.9%	95.2%		5.3							
Shuttleworth	95.7%	88.5%	99.4%	95.1%		6.1	0	1	0	N/C	92.00%	0	100%
Stroke Unit	89.9%	94.0%	98.6%	96.7%		6.5	0	0	0	N/C	100.00%	0	91%
Waddington Unit	97.4%	87.8%	101.6%	118.0%		5.2	0	1	0	N/C	83.00%	0	83%
PILGRIM HOSPITAL, BOSTON													
AMU (formerly CDU)	82.6%	104.4%	120.8%	105.4%	High levels of enhanced care being facilitated by temporary uplift to template. Shifts not been filled by Agency	9.0	0	1	0	N/C	100.00%	1	91%
Acute Cardiac Unit (formerly Coronary Care Unit)	96.1%	75.2%	100.0%	100.0%		6.6	0	1	0	N/C	100.00%	0	78%
Bostonian	91.2%	99.5%	100.0%	115.8%		5.7	0	0	0	N/C	100.00%	1	71%
Labour Ward	106.5%	84.3%	101.5%	97.8%		13.2	0	0	0	N/C	N/C	0	100%
Neonatal	81.3%	102.8%	78.8%	135.5%	HCSW shifts being used where safe to cover RN gaps	31.5	0	0	0	N/C	N/C	0	N/C
Stroke Unit	103.4%	108.8%	97.6%	107.8%		7.0	0	1	0	N/C	93.00%	1	100%
3A	98.2%	114.7%	100.0%	99.0%	Authorised use of additional staff in the afternoon to manage medical outliers	5.1	0	0	0	N/C	96.00%	2	90%
3B	95.9%	100.1%	99.4%	127.6%	Duties correspond to high dependency and enhanced care	5.8	0	0	1	N/C	96.00%	1	71%
Paediatric Ward -4A	69.4%	60.3%	87.5%	54.8%	5 beds remain closed and alternative models of care are being explored	12.3	0	0	0	N/C	N/C	0	100%
5A	91.1%	120.2%	104.3%	123.2%	Fill rates correspond to enhanced care and use of alternate grades	7.2	0	1	0	N/C	100.00%	0	94%
5B	76.5%	118.2%	96.4%	95.4%	Alternate grade used (skill mix)	6.8	0	0	0	N/C	96.00%	0	100%
6A	95.7%	92.6%	98.9%	100.5%		6.2	0	1	0	N/C	100.00%	1	96%
6B	94.5%	100.3%	99.4%	96.8%		6.4	0	0	0	N/C	100.00%	0	0%
7A	89.0%	90.8%	98.4%	99.8%		5.3	0	0	0	N/C	100.00%	1	88%
7B	90.3%	91.0%	107.8%	98.3%		6.5	0	0	0	N/C	96.00%	1	70%
8A	93.4%	90.1%	101.1%	99.2%		5.9	0	0	0	N/C	97.00%	0	88%
M2	94.0%	91.5%	99.6%	91.3%		11.1	0	0	0	N/C	N/C	0	93%
ITU	84.8%	70.3%	91.1%	-		28.4	0	0	0	N/C	100.00%	0	N/C

Appendix 2: Agency expenditure against trajectory

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
Operational Agency Usage (£)	739,210	969,093	1,020,597	1,037,510	967,599	944,160	1,012,099	891,898	844,542		
Monthly Trajectory	908,000	914,000	921,000	906,000	957,000	774,000	483,000	535,000	451,000	165,000	217,000
Difference from Trajectory	-168,790	55,093	99,597	131,510	10,599	170,160	529,099	356,898	393,542	-165,000	-217,000
Corporate Adjustments (£)	106,503	126,716	-13,828	-224,668	210,668	-68,623	-212,862	-78,973	0		
Agency Ceiling Reported (£)	845,713	1,095,809	1,006,769	812,842	1,178,267	875,537	799,237	812,925	844,542		