NHS
Leicestershire Partnership
NHS Trust

Public Trust Board – 27 September 2022

Safe Staffing- June 2022

Purpose of the report

This report provides a full overview of nursing safe staffing during the month of June 2022, including a summary/update of new staffing areas to note, potential risks, and actions to mitigate the risks to ensure that safety and care quality are maintained. This report triangulates workforce metrics; fill rates, Care Hours Per Patient Day (CHPPD), quality and outcomes linked to Nurse Sensitive Indicators (NSI's) and patient experience feedback. (Annex 1 contains in-patient scorecard)

Analysis of the issue

Right Staff

- Temporary worker utilisation rate increased by 2.29% reported at 44.69% overall. Trust wide agency usage slightly increased this month by 0.96% to 22.80% overall.

- In June 2022; 30 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 93.75% of our inpatient Wards and Units.

- Senior Nursing review to triangulate metrics and identify areas where there is high percentage of temporary worker/agency utilisation or concerns directly relating to; increased acuity, high caseloads or high-risk patients, staff sickness, ability to fill additional shifts and the impact to safe and effective care.

The following areas identified below are key areas to note/high risk areas.

Area	Situation	Actions/Mitigations	Assurance
CHS in-pts	Dalgleish Ward - Increased acuity/ dependency, delirium presentation of patients requiring enhanced observations, high vacancies, sickness and absences, increase in patient falls.	Daily staffing reviews, staff movement to ensure substantive RN cover, e-rostering reviewed and further evaluation of CHPPD. Review of the increased incidences has not identified any direct	

	Rutland Ward - Increased temporary workforce, enhanced observations increased levels of acuity, environmental challenges, high vacancies, sickness and absence. Beechwood and North ward **-** increased temporary workforce in response to staffing and patient needs.	correlation between staffing and the impact to quality and safety of patient care/outcomes. Recruitment ongoing and establishment review in progress.	
DMH in patients	Ashby Ward – high acuity/dependency, high-risk patient requiring level 4 observations, increase in patient falls, high temporary workforce utilisation. Watermead - high levels of acuity and increased temporary workforce utilisation. Stewart House –high percentage of temporary workforce, high RN and HCSW vacancies, increase in patient falls, reflects the patient cohort and rehabilitation support rather than direct patient nursing care. Mill Lodge and Willows - high utilisation of temporary workforce. MHSOP wards - Planned Fill rates not achieved. High vacancies and sickness, acuity and dependency highest on Coleman and Wakerley, requiring increased temporary workforce.	Staffing is risk assessed daily and managed across all DMH and MHSOP wards. Staff moved to support safe staffing levels, skill mix and patient needs. Staff movement not always reflected on e- roster impacting accuracy of fill rate data. Review of increased incidences has not identified any direct correlation between staffing and the impact to quality and safety of patientcare/outcomes. Establishment review data collection planned for August 2022. Medication administration technicians and Nurse Associates are not reflected in the fill rates hence rates not achieved, RN to Patient ratio is 1:12/1:10 as per staffing model.	
FYPCLD In-patients	No change to key areas to note Beacon, Agnes, and Langley wards	Mitigations in place - potential risks being closely monitored.	

		Establishment Review planned for August 2022.	
CHS Community	Overall OPEL rating level 3/ level 3 actions, City East, City West, East Central and Hinckley Hubs key areas to note due to increased patient acuity with increased caseloads, high vacancy levels and staff absence. Essential visits maintained.	Daily review of all non-essential activitiesas per Level 3 OPEL actions. Reprioritised patient assessments. Pressure ulcer and community nursing quality improvement and transformational plans continue.	
DMH Community	No change Services continue with High RN vacancies in the Crisis Mental Health team	Mitigation remains in place with potential risks being closely monitored	
FYPC.LD Community	No change to key area's previously noted: Healthy Together, Psychology, LD community, Therapy, Diana, LAC	Mitigation remains in place with potential risks being closely monitored.	

Reflection of Nurse Sensitive Indicators and Incident Reporting

Following a review of the Nurse Sensitive Indicators (NSIs) for the Community Hospital wards, where there has been a slight increase in the number of falls incidents from twenty-nine in May, to thirty-six in June 22; comprising incidents of first falls, repeat falls and where patients placed themselves on the floor, there are a few ward areas to note are Dalgliesh, Snibston, Beechwood, Clarendon and St Lukes Ward 1. It is also noted that these wards continue to see an increase in patient dependency and acuity including delirium presentation of patients; however following the review, there has been no identified direct correlation between staffing and the impact to quality and safety of patient care/outcomes.

The number of incidents reflecting category 2 pressure ulcers developed in our care has remained at twelve. The matron team continue to work with the ward sisters to review all pressure ulcers, this work will be monitored through the directorate pressure ulcer prevention working group.
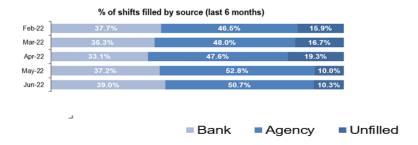
Right Skills

- During Covid-19 the compliance renewal date for each mandatory and role essential topic was extended by 6 months. Correct to 1 June 2022 Trust wide substantive staff.
    - Appraisal at 80.3% compliance Green
    - Clinical supervision at 80.9% compliance AMBER
    - All core mandatory training compliance GREEN except for Information Governance AMBER at 93.2%
- Clinical mandatory training compliance for substantive staff, to note.
    - BLS increased compliance by 0.8% to 71.8 %compliance RED
    - ILS decreased compliance by 0.3% to 68.1% compliance RED
- Clinical mandatory training compliance for bank only workforce remains low.
    - BLS 53.1% at RED compliance
    - ILS 51.4% at RED compliance
- Compliance with training is reported through the education and training governance structures: Training Education Development Group and Strategic Workforce Committee.

Right Place

- Fill rates above and below 100% for actual HCSWs predominantly on days reflect adjusted staffing levels and skill mix to meet patient care needs. Table 1 reflects the percentages.

Table 1 - Temporary workforce

% of shifts filled by source (last 6 months)

Month	Bank	Agency	Unfilled
Feb-22	37.7%	46.5%	15.9%
Mar-22	35.3%	48.0%	16.7%
Apr-22	33.1%	47.6%	19.3%
May-22	37.2%	52.8%	10.0%
Jun-22	39.0%	50.7%	10.3%

■ Bank ■ Agency ■ Unfilled

Care Hours Per Patient Day (CHPPD)

- The total Trust CHPPD average (including ward based AHPs) is calculated at 12.4 CHPPD (national average 10.8) with a range between 5.0 (Stewart House) and 67.2(Agnes Unit) CHPPD. CHPPD is calculated by the total actual staffing hours divided by the total occupied bed days (OBDs). General variation reflects the diversity of services, complex and

specialist care provided across the Trust. Analysis has not identified significant variation at service level; indicating that staff are being deployed productively across services. Table 2 reflects the variation in directorate and table 3 illustrates the proportion of staff absent due to sickness absence with sickness % increasing across all directorates as identified in brackets from previous month.
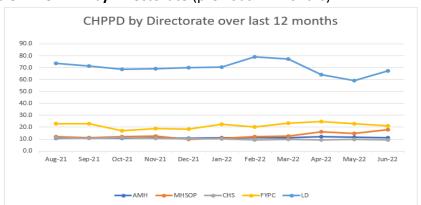
Table 2 – CHPPD by Directorate (previous 12 months)

Table 3 - including CHHPD, RN vacancies and Sickness

Directorate	CHPPD	RN vacancies (WTE)	RN Vacancies (%)	Sickness %
CHS	9.4	155.6	24.7%	6.3% (↑2.2%)
DMH Inc MHSOP	11.2 18.0	169.8	23.5%	6.2% (↑1.1%)
FYPC LD	20.9 67.2	104.0	18.1%	5.6% (↑1.1%)

Currently there are 467 Whole Time Equivalent (WTE) RN vacancies across the Trust with a 23.7% vacancy rate. Turnover for Band 5 and 6 nurses is at 10.5%, (includes all reasons for leaving -voluntary leavers, retirements, dismissals etc). This is above the trusts target of 10% and has been increasing over the last 6 months. To strengthen work in this area, we are participating in the People Promise Exemplar scheme which started April 2022, with a dedicated People Promise Manager focusing on retention and working with system colleagues/regional/national NHSE/I teams to review existing retention approaches and develop further activity.

As part of our Agency Reduction plan, we aim to reduce registered nurse turnover by 0.5%. Sickness and absence give an indication of staffing pressure within each directorate.

Recruitment Pipeline

Throughout June we continued to grow and develop our nursing workforce. A total of 18.22 WTE nursing staff (bands 5 to 8a) and 2.0 WTE Nursing apprentices were appointed. In addition to local recruitment activity a number of staff were in the pipeline due to commence in post over a 3 month period, this included 10 international nurses onboarded in May 2022 and a further 8 RNs planned in July.

Health and Well-Being

The Health and Well-being of all our staff remain a key priority and we continue to support staffs mental and physical health through referrals, signposting, communications, health and well-being champions and access to available resources.

Proposal

Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback and outcomes in June 2022, it is anticipated that staffing challenges continue to increase. There is emerging evidence that current controls and business continuity plans are not fully mitigating the impact to the quality and safety of patient care across all services, at all times hence high temporary workforce utilisation to maintain safety.

Whilst there has been no evidence through the in-patient monthly triangulated review of Nurse Sensitive Indicators and quality metrics that staffing is a contributory factor to patient harm, there is a level of concern about pressure ulcer harm in community nursing, reduced respite offer in the Diana service and potential for unknown risks and impact to outcomes and harm linked to reduced service offer/health assessments in Healthy Together teams and Looked After Children services, all of which are being monitored and risk managed.

Decision required

The board is asked to confirm a level of assurance that processes are in place to monitor inpatient and community staffing levels and actions in place to mitigate the risk of impact to patient safety and care quality.

Ward Group	Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	Fill Rate Analysis (National Return) Actual Hours Worked divided by Planned Hours — Nurse Day (Early & Late Shift) Average % fill rate registered nurses	Nurse Day Average % fill rate care staff	Nurse Night Average % fill rate registered nurses	Nurse Night Average % fill rate care staff	AHP Day Average % fill rate registered AHP	AHP Day Average % fill rate non-registered AHP	% Temporary Workers (NURSING ONLY) Total	Bank	Agency	Overall CHPPD (Nursing And AHP)	Medication Errors	Falls	Complaints	PU Category 2	PU Category 4
				>=80%	>=80%	>=80%	>=80%	-	-	<20%						(Month in arrears)		
DMH Bradgate	Ashby	14	17	110.4%	330.7%	117.0%	289.3%			71.3%	12.1%	59.2%	14.4	↑2	↑4	→1		
	Aston	13	14	101.8%	197.0%	106.9%	142.8%			54.6%	30.1%	24.5%	9.6	→0	→0	→0		
	Beaumont	22	22	85.1%	103.2%	75.6%	106.3%			61.0%	31.2%	29.8%	8.6	↑1	→0	→1		
	Belvoir Unit	9	10	132.7%	157.9%	107.6%	186.5%			55.0%	36.4%	18.7%	19.8	→0	→2	→0		
	Heather	18	18	92.6%	181.1%	102.1%	137.2%			65.1%	41.3%	23.8%	7.0	↑1	→2	↓0		
	Thornton	13	12	84.7%	181.8%	99.8%	122.0%			31.1%	22.7%	8.5%	9.2	→0	→0	→0		
	Watermead	19	20	118.0%	286.3%	112.1%	208.1%			64.5%	28.1%	36.4%	9.1	↓0	↓0	→0		
	Griffin - Herschel Prins	6	6	105.6%	201.7%	104.5%	451.1%			51.1%	31.7%	19.4%	27.2	→2	↑1	→0		
DMH Other	Phoenix - Herschel Prins	12	12	104.6%	205.4%	105.8%	182.2%		100.0%	53.5%	21.0%	32.5%	13.9	→0	→1	→0		
	Skye Wing - Stewart House	28	30	89.4%	102.0%	134.1%	167.8%			41.2%	30.0%	11.2%	5.0	→1	→4	→0		
	Willows	10	9	205.2%	232.2%	160.2%	193.7%			59.4%	31.1%	28.2%	13.1	↑1	→0	→0		
	Mill Lodge	13	14	146.8%	112.5%	208.2%	157.0%			58.6%	36.6%	22.0%	16.7	↑1	↑5	→0		
	Kirby	19	23	66.2%	136.3%	128.9%	208.4%	100.0%	100.0%	52.5%	22.0%	30.5%	9.8	↓1	↓2	→0	→0	→0
	Welford	17	20	63.2%	119.6%	133.3%	130.7%			29.0%	19.0%	10.0%	7.7	↓0	↑7	→0	→0	→0
	Coleman	11	20	61.3%	226.6%	137.5%	500.2%	100.0%	100.0%	63.9%	39.7%	24.2%	25.6	→1	↓4	→0	→0	→0
	Wakerley (MHSOP)	11	20	95.2%	22.6%	730.1%	158.3%	100.0%		46.5%	20.8%	25.8%	41.3	↑1	↓5	↓0	→0	→0
CHS City	Beechwood Ward - BC03	22	23	92.4%	119.2%	109.8%	122.5%	100.0%		41.2%	11.4%	29.8%	8.4	↓3	↑4	→0	→0	
	Clarendon Ward - CW01	19	20	86.7%	121.2%	101.9%	100.0%	100.0%	100.0%	22.2%	6.6%	15.6%	9.6	↑5	↑4	→0	↓0	→0
CHS East	Dalgleish Ward - MMDW	16	17	99.3%	86.9%	94.7%	117.7%	100.0%	100.0%	23.4%	7.3%	16.1%	7.9	↑1	↑6	→0	↑2	→0
	Rutland Ward – RURW	16	17	96.6%	140.3%	98.2%	155.0%	100.0%	100.0%	40.7%	20.8%	20.0%	9.1	↓1	↓0	→0	↓0	→0
	Ward 1 - SL1	17	19	96.6%	126.5%	103.6%	169.5%	100.0%	100.0%	34.7%	17.5%	17.2%	11.3	↓0	↑4	→0	→0	→0
	Ward 3 - SL3	12	13	123.3%	91.6%	96.7%	103.5%	100.0%	100.0%	30.7%	15.8%	14.9%	9.8	↓1	↓2	→0	→0	→0
CHS West	Ellistown Ward - CVEL	16	18	111.4%	108.8%	96.4%	118.3%	100.0%	100.0%	17.6%	7.7%	9.9%	9.0	↓1	↓3	→0	↓1	→0
	Snibston Ward - CVSN	18	19	97.3%	124.3%	103.3%	196.7%	100.0%	100.0%	25.8%	8.4%	17.4%	10.8	↓0	↑8	→0	→0	→0
	East Ward - HSEW	21	22	103.8%	129.2%	99.9%	123.2%	100.0%	100.0%	28.6%	8.0%	20.6%	9.9	↓0	→0	→0	↑4	→0
	North Ward – HSNW	17	18	107.1%	96.2%	100.3%	92.2%	100.0%	100.0%	20.1%	5.3%	14.8%	9.2	↓0	↑2	→0	↑4	→0
	Swithland Ward - LBSW	18	20	100.1%	93.9%	94.8%	137.1%	100.0%	100.0%	17.2%	9.2%	8.0%	8.5	↓0	↑3	↓0	↓1	→0
FYPC	Langley	14	15	109.6%	94.8%	131.2%	117.4%	100.0%		55.7%	36.0%	19.7%	16.6	↓0	→0	→0		
	CAMHS Beacon Ward - Inpatient Adolescent	7	17	106.2%	118.1%	142.9%	117.2%	100.0%		56.2%	28.1%	28.1%	32.2	↓1	↓0	→0		
LD	Agnes Unit	6	2	108.1%	101.7%	122.1%	143.4%			53.4%	20.7%	32.6%	67.2	→0	→0	→0		
	Gillivers	1	5	78.6%	72.5%	106.3%	46.7%			1.7%	1.7%	0.0%	52.0	↑1	→0	→0		
	1 The Grange	1	3	-	62.2%	-	98.0%			21.0%	21.0%	0.0%	58.7	→0	→0	→0		

Governance table

For Board and Board Committees:	Trust Board 27.9.22
Paper sponsored by:	Anne Scott, Executive Director of Nursing, AHPs and Quality
Paper authored by:	Emma Wallis, Interim Deputy Director of Nursing and Quality and Elaine Curtin Workforce and Safe staffing Matron
Date submitted:	27.09.2022
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	Monthly report

STEP up to GREAT strategic alignment*:	High **S**tandards	√
	Transformation	
	Environments	
	Patient Involvement	
	Well **G**overned	√
	Reaching Out	
	Equality, Leadership, Culture	
	Access to Services	
	Trust wide Quality Improvement	

Organisational Risk Register considerations:	List risk number and title of risk	1: Deliver Harm Free Care 4: Services unable to meet safe staffing requirements
Is the decision required consistent with LPT's risk appetite:	Yes	
False and misleading information (FOMI) considerations:	None	
Positive confirmation that the content does not risk the safety of patients or the public	Yes	
Equality considerations:		