

Public Trust Board – 27 September 2022

Safe Staffing - July 2022

Purpose of the report

This report provides a full overview of nursing safe staffing during the month of July 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. A (Annex 1 contains in-patient scorecard)

Analysis of the issue

Right Staff

- Temporary worker utilisation rate increased this month; 0.06% reported at 44.75% overall and Trust wide agency usage slightly decreased this month by 0.7% to 22.10% overall.
- In July 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, no changes from last month.
- 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 of 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 Patients	Beechwood Ward - highest increase in temporary workforce and 7 other wards, in response to staffing and patient needs due to	Daily staffing reviews, staff movement to ensure substantive RN cover, e-rostering reviewed and further	

	<p>Increased acuity /dependency, patients requiring enhanced observations, high vacancies, sickness and absences.</p> <p>Clarendon and Ward 1 (St Luke's) – planned fill rates not achieved RNs on days. Dalgleish and ward 3 (St Luke's) – planned fill rates not achieved HCA's days/Nights</p>	<p>evaluation of CHPPD. Review of the increased incidences has not identified any direct correlation between staffing and the impact to quality and safety of patient care/outcomes. Recruitment ongoing and establishment review in progress.</p>	
DMH in patients	<p>Ashby Ward – high acuity/dependency, high-risk patient requiring level 4 observations, high temporary workforce utilisation, staff on Annual leave. High percentage of Temporary workforce on Beaumont and Heather</p> <p>Watermead - high acuity and increased temporary workforce</p> <p>Stewart House – Planned fill rates not achieved RN Day shifts, overall CHPPD reduced (this reflects the patient cohort and rehabilitation support rather than direct patient nursing care). Mill Lodge and Willows - high utilisation of temporary workforce, staff leaving Willows as promoted across DMH.</p> <p>MHSOP wards - no change to key area's noted -Kirby, Welford Coleman and Wakerley.</p>	<p>Staffing is risk assessed daily and managed across all DMH and MHSOP wards and 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 patient care/outcomes.</p> <p>Establishment review data collection planned for August 2022.</p> <p>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. Two RNs recruited in July 2022.</p>	

FYPCLD In-patients	No change to key areas noted- Beacon, Agnes, and Langley wards	Mitigation remains in place- potential risks being closely monitored. Establishment Review planned for August 2022	
CHS Community	No change to key areas noted - City East, City West, East Central and Hinckley Hubs with Overall OPEL rating at level 3/ level 3 actions due to increased patient acuity with increased caseloads, high vacancy levels and absence. Essential visits maintained.	Daily review of all non-essential activities per Level 3 OPEL actions. Reprioritised patient assessments. Pressure ulcer and community nursing quality improvement and transformational plans continue.	
DMH Community	Services continue with High RN vacancies in the Crisis Mental Health team, Melton, and Charnwood CMHT. Reduced medical offer.	Mitigation remains in place with potential risks being closely monitored within Directorate.	
FYPC.LD Community	No change to key area's previously noted: Healthy Together, Psychology, LD community, Therapy, Diana, Looked After Children	Mitigation remains in place with potential risks being closely monitored within Directorate.	

Reflection of Nurse sensitive indicators and Incident Reporting

A review of the Nurse Sensitive Indicators (NSIs) for the community hospital wards has identified a decrease in the number of falls incidents from thirty-six in June 2022 to thirty-two in July 2022 comprising of twenty-three first falls and nine repeat falls. Ward areas to

note are Clarendon, North and Swithland Ward. The wards continue to see an increase in patient dependency and acuity including delirium presentation of the patients. Review of the incidences has not identified any direct correlation between staffing and the impact to quality and safety of patient care/outcomes. There was one fall on Beechwood Ward reported as moderate harm, initial investigation has identified that there was no direct correlation with staffing.

The number of medication incidents for the community hospital wards has increased twelve in June to seventeen in July. The incidents reported were across nine of the eleven wards. The main cause group of medication incidents relating to procedure, discrepancy in counted medicine, prescribing and electronic controlled drug register issues. One incident was relating to administration there was no direct correlation with staffing.

The number of category 2 pressure ulcers developed in our care has decreased to nine. 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. There has been one category four pressure ulcer identified which is following the serious incident investigation process.

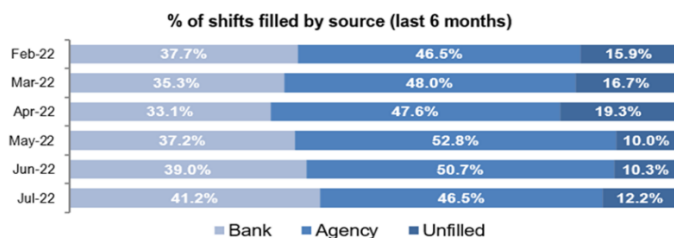
Right Skills

- During Covid-19 the compliance renewal date for each mandatory and role essential topic was extended by 6 months. Correct to 1 July 2022 Trust wide substantive staff.
 - Appraisal at 79.7% compliance Amber
 - Clinical supervision at 79.2% compliance AMBER
 - All core mandatory training compliance GREEN except for Information Governance AMBER at 93.3%
- Clinical mandatory training compliance for substantive staff, to note.
 - BLS increased compliance by 3.2% to 75.0 %compliance Amber
 - ILS increased compliance by 0.5% to 68.6% compliance RED
- Clinical mandatory training compliance for bank only workforce remains low.
 - BLS 56.1% at RED compliance
 - ILS 51.4% at RED compliance
- Compliance with face-to-face mandatory training is reported through the education and training governance structures Training Education Development 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 – Temporary Workforce



Care Hours Per Patient Day (CHPPD)

The total Trust CHPPD average (including ward based AHPs) is calculated by the Corporate Business Information Team at 11.1 CHPPD (national average 10.8) a decrease of 1.3 from June 2022, with a range between 4.4 (Stewart House) and 74.4 (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 % reduced slightly in CHS and DMH including MHSOP and remaining the same in FYPC.LD as identified in brackets from previous month.

Table2 CHPPD by Directorate (previous 12 months)

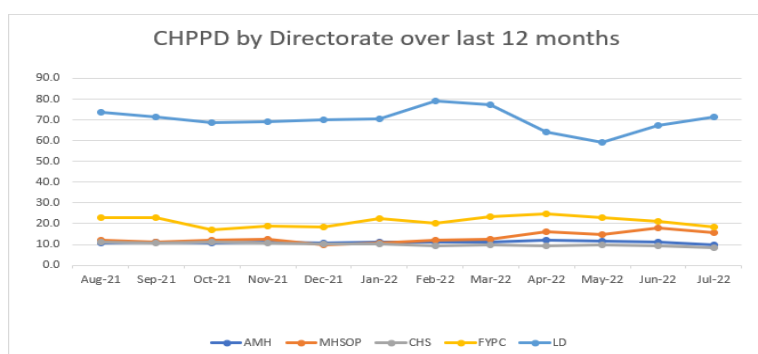


Table 3 – including CHPPD, RN Vacancies, Sickness

Directorate	CHPPD	RN vacancies (WTE)	RN Vacancies (%)	Sickness %	HR Updates

CHS	8.4	153.5	24.6%	6.1 (↓0.2%)	Between June and July, establishment decreased by 4wte, staff in post decreased by 2wte – total change = +2 staff in post
DMH Inc MHSOP	10.0 15.5	185.5	25.3%	5.4% (↓0.8%)	Between June and July establishment increased by 10 WTE staff in post decreased by 6 WTE – total change + - 16 staff in post
FYPC LD	18.3 71.4	108.0	18.7%	5.6% (→)	Between June and July, no change to establishment, staff in post decreased by 4wte – total change = -4 staff in post

The RN vacancy position remains at 467 Whole Time Equivalent (WTE) with a 23.7% vacancy rate. The change in vacancy WTE is impacted as much by changes to the establishment as it is changes to how many staff are in post/recruitment/turnover as described in the Human Resource updates above. 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. Progress continues by participating in the People Promise Exemplar scheme which started April 2022, and have a dedicated People Promise Manager who is 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 July we continue to grow and develop our nursing workforce. A total of 13.5 WTE nursing staff (bands 5 to 8a) and 14 Nursing apprentices were appointed. In addition to local recruitment activity a number of staff were in the pipeline and due to commence in post over a 3-month period, this included 8 international nurses onboarded in July 2022.

Health and Well Being

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

Proposal

Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback and outcomes in July 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 reviewed 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 try 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)						% Temporary Workers (NURSING ONLY)			Overall CHPPD (Nursing And AHP)	Medication Errors	Falls	Complaints	PU Category 2	PU Category 4
				Actual Hours Worked divided by Planned Hours						Total	Bank	Agency						
				Nurse Day (Early & Late Shift)		Nurse Night		AHP Day										
				Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered AHP	Average % fill rate non-registered AHP									
>=80%	>=80%	>=80%	>=80%	-	-	<20%												
DMH Bradgate	Ashby	14	14	85.7%	150.3%	94.7%	109.6%			62.3%	16.4%	45.9%	7.9	↓0	↓0	↓0		
	Aston	14	14	84.3%	213.0%	101.0%	153.3%			59.6%	25.1%	34.4%	9.4	↑2	↑1	↑1		
	Beaumont	21	22	92.9%	145.5%	96.1%	186.7%			76.0%	33.3%	42.7%	13.1	→1	↑1	→0		
	Belvoir Unit	10	10	103.8%	133.6%	92.3%	147.6%			59.9%	36.8%	23.1%	15.2	↑1	↓1	→0		
	Heather	18	18	87.8%	207.5%	99.8%	167.2%			66.7%	37.0%	29.7%	7.6	↑4	↓1	→0		
	Thornton	12	12	82.7%	151.9%	84.2%	111.6%			49.0%	28.9%	20.1%	8.2	↑2	↑1	↑1		
	Watermead	20	20	92.4%	188.9%	103.8%	155.8%		100.0%	61.0%	24.7%	36.3%	6.6	↑2	↑2	↑1		
	Griffin - Herschel Prins	6	6	100.2%	205.9%	93.1%	581.8%			57.2%	34.7%	22.5%	29.2	↓0	↑0	→0		
DMH Other	Phoenix - Herschel Prins	12	12	104.7%	141.8%	94.2%	138.2%		100.0%	51.8%	19.8%	32.0%	10.8	→0	↓0	→0		
	Skye Wing - Stewart House	30	30	79.7%	97.0%	121.6%	119.9%			45.7%	28.2%	17.4%	4.4	↓0	↓0	→0		
	Willows	8	9	135.7%	170.5%	129.7%	162.9%			63.1%	35.5%	27.6%	12.1	↓0	→0	→0		
	Mill Lodge	14	14	101.0%	84.0%	178.5%	123.7%			59.7%	37.2%	22.5%	12.1	→1	↑6	→0		
	Kirby	20	23	56.6%	147.7%	122.6%	346.5%	100.0%	100.0%	48.8%	26.3%	22.4%	10.2	↑2	↑6	→0	→0	→0
	Welford	16	18	55.3%	106.5%	120.4%	262.8%			31.4%	20.9%	10.5%	8.8	↑2	↓2	→0	→0	→0
	Coleman	10	20	52.4%	132.8%	123.9%	324.7%	100.0%	100.0%	48.3%	31.1%	17.2%	20.1	↓0	↓3	→0	→0	→0
Wakerley (MHSOP)	11	20	99.3%	123.0%	116.1%	193.5%			28.3%	15.1%	13.2%	57.6	↓0	→5	→0	→0	→0	
CHS City	Beechwood Ward - BC03	22	23	80.1%	71.2%	92.2%	126.7%	100.0%	100.0%	40.5%	13.9%	26.6%	6.9	↑2	↓2	↑1	→0	→0
	Clarendon Ward - CW01	19	21	77.9%	105.3%	88.5%	116.1%	100.0%	100.0%	22.3%	3.9%	18.4%	8.9	2	↑7	→0	→0	→0
CHS East	Dagleish Ward – MMDW	16	17	91.0%	73.5%	90.3%	90.0%	100.0%	100.0%	18.9%	5.9%	13.0%	6.8	↑2	↓2	→0	↓0	→0
	Rutland Ward – RURW	16	16	93.5%	109.8%	77.4%	155.3%	100.0%	100.0%	35.2%	18.6%	16.6%	8.1	→1	↑1	→0	↑2	→0
	Ward 1 - SL1	17	19	70.6%	117.0%	87.6%	131.4%	100.0%	100.0%	32.0%	21.1%	11.0%	9.4	↑1	→4	→0	↑1	→0
	Ward 3 - SL3	12	13	94.1%	90.7%	90.2%	75.6%	100.0%	100.0%	27.2%	15.2%	12.0%	8.7	→1	↓0	→0	→0	→0
CHS West	Ellistown Ward – CVEL	17	19	111.2%	87.6%	98.1%	144.5%	100.0%	100.0%	19.3%	7.1%	12.2%	8.6	↑5	↓2	→0	↓0	→0
	Snibston Ward – CVSN	18	19	86.3%	118.6%	90.2%	124.0%	100.0%	100.0%	27.1%	12.3%	14.9%	9.2	↑2	↓2	→0	→0	→0
	East Ward – HSEW	20	22	87.7%	117.2%	101.6%	118.3%	100.0%	100.0%	23.2%	9.7%	13.5%	8.9	↑1	↑3	→0	↓1	→0
	North Ward – HSNW	16	18	91.4%	91.9%	93.5%	102.2%	100.0%	100.0%	23.7%	7.0%	16.7%	8.7	→0	↑5	→0	↓1	↓1
	Swithland Ward – LBSW	18	20	89.9%	85.8%	82.3%	130.4%	100.0%	100.0%	17.5%	8.3%	9.2%	7.9	→0	↑4	→0	↑4	→0
FYPC	Langley	15	15	79.2%	67.8%	120.4%	71.4%	100.0%		58.4%	42.6%	15.9%	10.9	↑1	→0	→0		
	CAMHS Beacon Ward - Inpatient Adolescent	7	7	90.9%	176.2%	176.7%	233.4%			69.4%	29.0%	40.5%	34.7	↑2	↑1	→0		
LD	Agnes Unit	2	2	120.4%	107.7%	118.5%	153.5%			52.4%	21.3%	31.2%	71.4	↑1	→0	→0		
	Gillivers	1	6	78.5%	65.8%	73.9%	47.3%			3.2%	3.2%	0.0%	31.1	↓0	→0	→0		
	1 The Grange	1	3	-	56.9%	-	90.3%			15.2%	15.2%	0.0%	45.0	→0	→0	→0		

Governance table

For Board and Board Committees: Paper sponsored by:	Trust Board 27.9.22	
	Anne Scott Executive Director of Nursing, AHPs and Quality	
Paper authored by:	Elaine Curtin Workforce and Safe staffing Matron Louise Evans Interim Assistant Director of Nursing and Quality	
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 Standards	√
	Transformation	
	Environments	
	Patient Involvement	
	Well Governed	√
	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:		