



## Public Trust Board – 29 November 2022

### Safe Staffing – August 2022

#### Purpose of the report

This report provides a full overview of nursing safe staffing during the month of August 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 decreased this month; 2.26% reported at 42.49% overall and Trust wide agency usage slightly decreased this month by 2.97% to 19.13% overall.
- In August 2022; 27 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 84.37% of our inpatient Wards and Units, changes from last month include Stewart House, Ellistown and Welford.
- 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
<b>CHS In-patient</b>	Beechwood, Rutland, and Ward 1 (St Lukes) - above 30% temporary workforce and 7 other wards, in response to staffing and patient	Daily staffing reviews, staff movement to ensure substantive RN cover, e-rostering reviewed and further	

	<p>needs due to increased acuity /dependency, patients requiring enhanced observations, high vacancies, sickness and absences. Clarendon Ward – reduced fill rates for RNs on days, planned staffing is for 3 RN’s and 2 RNs were achieved.</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>	
<p><b>DMH in patients</b></p>	<p>High percentage of temporary workforce on all wards; Ashby Beaumont, Belvoir, and Heather above 55% - due to high acuity/dependency, high risk patients requiring increased levels of observations, vacancies, and staff on annual leave. Beaumont and Phoenix wards – planned fill rates not achieved RN night shifts and Thornton ward RN day shifts. No change to key area’s noted Mill Lodge and Willows - high utilisation of temporary workforce - due to acuity, RN and HCA vacancies and staff leaving Willows as promoted across DMH. MHSOP wards – High percentage of temporary workforce on all wards - key areas to note Kirby, Welford, Coleman and Gwendolen. Kirby, Welford, and Coleman planned fill rates not achieved for RN’s day shifts.</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. Recruitment ongoing and establishment review in progress. Medication administration technicians and Nursing 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.</p>	

<b>FYPCLD In-patients</b>	No change to key areas noted- Beacon, Agnes, and Langley wards	Mitigation remains in place- potential risks being closely monitored. Establishment Review in progress August 2022.	
<b>CHS Community</b>	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.	
<b>DMH Community</b>	No change to key area noted- Crisis Mental Health team, Melton, and Charnwood CMHT. Reduced medical offer.	Mitigation remains in place with potential risks being closely monitored within Directorate. Quality Summit planned for September 2022.	
<b>FYPC.LD Community</b>	Key areas to note – LD community increased to red rating due to vacancies and sickness and no change to Healthy Together, Psychology, Therapy, Diana and Looked After Children has additional staff leavers.	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 an increase in the number of falls incidents from thirty-two in July 2022 to forty-four in August 2022 comprising of 33 first falls, 10 repeat falls and 1 patient placed self on floor. Ward areas to note are Clarendon, St Lukes Ward 1 and East Ward. The wards continue to see an increase in patient dependency and acuity including delirium presentation of the patients. Review of the increased incidences has not identified any direct correlation between staffing and the impact to quality and safety of patient

care/outcomes. There were two falls on Swithland, and Clarendon Ward reported as moderate harm, initial investigation has identified that there was no direct correlation with staffing. The hospitals matron lead for falls is focusing on education around falls assessments, care planning, footwear, and alternative equipment.

The number of medication incidents for the community hospital wards has decreased from seventeen in July 2022 to eight in August 2022. The main cause group of medication incidents related 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 seven. 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.

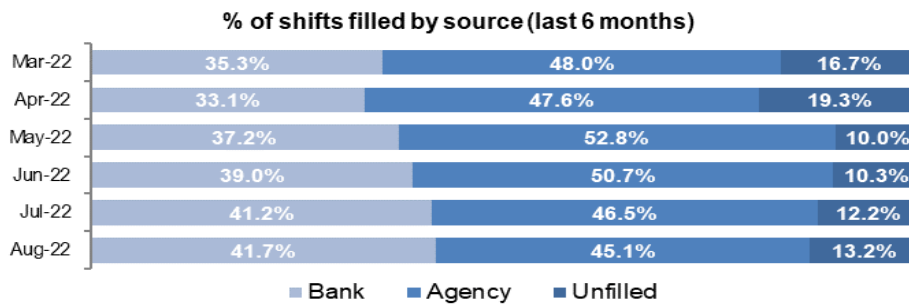
### **Right Skills**

- During Covid-19 the compliance renewal date for each mandatory and role essential topic was extended by 6 months. Correct to 1 August 2022 Trust wide substantive staff.
  - Appraisal at 81.1% compliance Amber
  - Clinical supervision at 77.9% 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 3.9% to 78.9 %compliance Amber
  - ILS increased compliance by 2.9% to 71.5% compliance RED
- Clinical mandatory training compliance for bank only workforce remains low.
  - BLS 59.4% at RED compliance
  - ILS 55.6% 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.

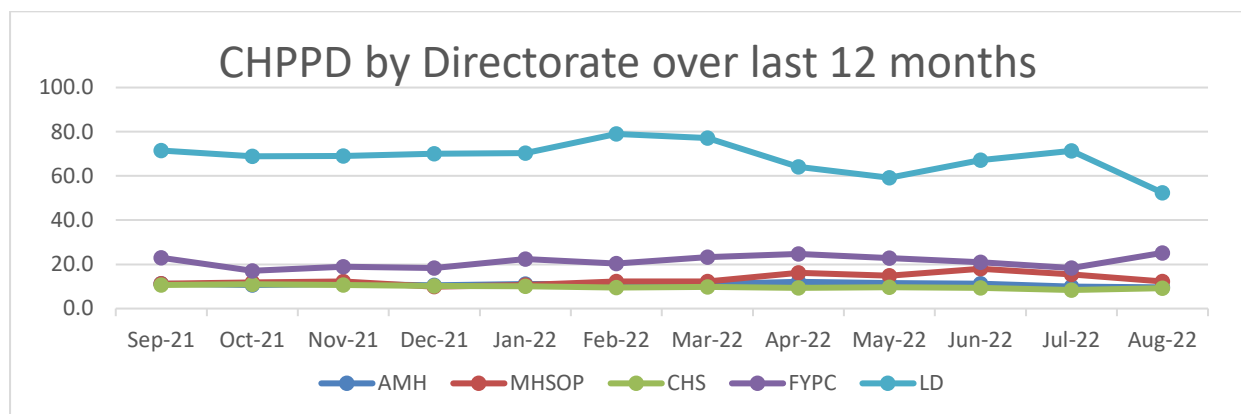
**Table 1 – Temporary Workforce**



**Care Hours Per Patient Day (CHPPD)**

The total Trust CHPPD average (including ward based AHPs) is calculated by the Corporate Business Information Team at 11.2 CHPPD (national average 10.8) an increase of 0.1 from July 2022, with a range between 4.2(Stewart House) and 63.6 (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 FYPC.LD and increased slightly in DMH 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	9.2	163	25.70% (↑1.1%)	4.8% (↓1.3%)	Establishment stayed the same. Staff in post decreased by 10wte. Total change in vacancies = reduction of 10wte
DMH Inc MHSOP	9.6 12.2	178.2	24.90% (↓0.4%)	5.8% (↑0.4%)	Establishment stayed the same. Staff in post increased by 1.4wte. Total change in vacancies = reduction of 1.4wte
FYPC LD	25.2 52.4	118	20.5% (↑1.8%)	5.3% (↓0.3%)	Establishment stayed the same. Staff in post decreased by 10wte. Total change in vacancies = increase of 10wte

The RN vacancy position remains at 463.8 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 10.8%, (includes all reasons for leaving - voluntary leavers, retirements, dismissals etc). This is above the trusts target of 10% and has increased over the last 6 months. Progress continues by participating in the People Promise Exemplar scheme which started April 2022, with a dedicated People Promise Manager who is focusing on retention, working with system colleagues/regional/national NHS England 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% by holding stay conversations, analysing exit questionnaire responses and by promoting/expanding our flexible working offer. Sickness and absence give an indication of staffing pressure within each directorate.

### **Recruitment Pipeline**

Throughout August 2022 we continue to grow and develop our nursing workforce. A total of 5.8 WTE nursing staff (bands 5 to 8a) 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.

## **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 August 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.

Annexe 1 - August 2022

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	15	14	102.5%	342.8%	101.4%	312.1%			65.0%	13.9%	51.1%	13.8	2↑	1↑	0→		
	Beaumont	22	22	81.2%	101.5%	65.6%	115.5%			70.2%	34.1%	36.1%	8.5	3↑	0↓	1↑		
	Belvoir Unit	10	10	110.5%	175.6%	105.4%	202.3%			58.8%	39.6%	19.2%	15.5	0↓	2↑	0→		
	Bosworth	14	14	86.3%	163.2%	103.8%	135.0%			48.0%	28.2%	19.7%	8.4	0↑	2↑	1↑		
	Heather	18	18	96.9%	177.2%	104.8%	148.5%			63.8%	39.1%	24.7%	6.9	0↓	0↓	0→		
	Thornton	13	12	71.3%	180.6%	103.0%	104.5%			34.4%	21.8%	12.6%	8.3	0↓	0↓	0↓		
	Watermead	20	20	121.7%	229.8%	103.0%	178.3%			51.0%	20.6%	30.4%	7.7	4↑	0↓	0↓		
Griffin - Herschel Prins	6	6	101.3%	127.3%	104.8%	262.6%			52.9%	30.9%	22.0%	19.4	2↑	0→	0→			
DMH Other	Phoenix - Herschel Prins	12	12	108.1%	131.0%	52.3%	178.7%		100.0%	45.7%	28.6%	17.1%	10.1	0→	0→	0→		
	Skye Wing - Stewart House	30	30	92.3%	108.6%	105.6%	100.4%			26.7%	23.8%	2.9%	4.2	0→	2↑	0→		
	Willows	9	9	151.5%	116.4%	145.7%	114.5%			62.7%	41.6%	21.1%	11.8	1↑	0→	0→		
	Mill Lodge	14	14	163.6%	125.4%	122.4%	158.1%			51.4%	43.2%	8.2%	14.1	0→	5↓	0→		
	Kirby	17	23	74.3%	119.6%	127.2%	184.1%	100.0%	100.0%	47.8%	33.0%	14.7%	10.5	0↓	5↓	0→		
	Welford	15	17	73.0%	93.6%	126.4%	133.3%			27.6%	23.4%	4.2%	8.0	0↓	3↑	0→		
	Coleman	12	20	60.4%	169.9%	136.6%	569.6%	100.0%	100.0%	56.0%	36.8%	19.2%	21.2	0→	4↑	1↑		
Gwendolen	16	19	93.0%	92.2%	134.0%	111.8%			33.8%	26.0%	7.9%	11.1	0↑	18↑	0↑			
CHS City	Beechwood Ward - BC03	22	24	93.5%	114.7%	96.9%	105.5%	100.0%		31.8%	17.5%	14.3%	7.7	0↓	5↑	0↓	0	0
	Clarendon Ward - CW01	19	20	73.3%	122.2%	98.4%	97.7%	100.0%	100.0%	22.2%	6.0%	16.2%	9.4	2→	7→	0→	0	0
CHS East	Dagleish Ward - MMDW	16	17	99.3%	102.3%	98.8%	145.2%	100.0%	100.0%	23.5%	4.7%	18.8%	9.2	1↓	2→	0→	1	0
	Rutland Ward - RURW	15	13	97.9%	136.2%	99.6%	105.1%	100.0%	100.0%	33.1%	21.1%	12.1%	13.3	0↓	0↓	0→	0	0
	Ward 1 - SL1	18	21	96.2%	120.1%	100.0%	148.2%	100.0%	100.0%	30.9%	18.5%	12.4%	10.5	1→	7↑	0→	0	0
	Ward 3 - SL3	12	13	101.9%	83.9%	100.0%	89.9%	100.0%	100.0%	26.4%	13.7%	12.8%	8.8	0↓	2↑	0→	0	0
CHS West	Ellistown Ward - CVEL	17	19	102.7%	98.8%	96.7%	104.8%	100.0%	100.0%	9.4%	4.3%	5.1%	8.2	1↓	4↑	0→	0	0
	Snibston Ward - CVSN	18	19	102.9%	119.3%	98.4%	181.6%	100.0%	100.0%	26.5%	15.2%	11.3%	10.3	1↓	4↑	0→	0	0
	East Ward - HSEW	22	23	104.9%	110.9%	99.9%	125.3%	100.0%	100.0%	23.6%	7.0%	16.6%	8.7	2↑	7↑	0→	1	0
	North Ward - HSNW	17	18	129.5%	90.8%	100.0%	85.0%	100.0%	100.0%	21.2%	6.5%	14.7%	9.9	0↓	2↓	1↑	2	0
	Swithland Ward - LBSW	19	20	118.2%	101.7%	98.4%	184.7%	100.0%	100.0%	22.0%	10.7%	11.3%	9.3	0→	4→	0→	3	0
FYPC	Langley	13	15	88.0%	102.1%	129.0%	132.8%	100.0%		61.2%	43.1%	18.1%	18.2	0↓	0↓	0↓		
	CAMHS Beacon Ward - Inpatient Adolescent	7	17	96.3%	210.8%	131.3%	120.5%	100.0%		74.6%	25.7%	48.9%	38.7	0↓	0↓	0↓		
LD	Agnes Unit	2	2	102.7%	88.2%	135.6%	115.9%			52.8%	22.8%	29.9%	59.4	0↓	0↓	0↓		
	Gillivers	2	6	112.8%	75.2%	133.3%	71.0%			3.1%	3.1%	0.0%	28.2	0↑	0↑	0↑		
	1 The Grange	1	3	-	79.9%	-	121.9%			25.4%	25.4%	0.0%	63.6	1↑	3↑	0↑		



## Governance table

<b>For Board and Board Committees: Paper sponsored by:</b>	Anne Scott Executive Director of Nursing, AHPs and Quality	
<b>Paper authored by:</b>	Elaine Curtin Workforce and Safe staffing Matron Louise Evans Interim Assistant Director of Nursing and Quality	
<b>Date submitted:</b>	29.11.2022	
<b>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</b>	Monthly report	
<b>STEP up to GREAT strategic alignment*:</b>	High Standards	√
	Transformation	
	Environments	
	Patient Involvement	
	Well Governed	√
	Single Patient Record	
	Equality, Leadership, Culture	
	Access to Services	
	Trust wide Quality Improvement	
<b>Organisational Risk Register considerations:</b>	List risk number and title of risk	1: Deliver Harm Free Care 4: Services unable to meet safe staffing requirements
<b>Is the decision required consistent with LPT's risk appetite:</b>	Yes	
<b>False and misleading information (FOMI) considerations:</b>	None	
<b>Positive confirmation that the content does not risk the safety of patients or the public</b>	Yes	
<b>Equality considerations:</b>		