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NHS
Leicestershire Partnership
NHS Trust

Public Trust Board – 31 January 2023

Safe Staffing – November 2022

Purpose of the report

This report provides a full overview of nursing safe staffing during the month of November 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; 1.63% reported at 42.32% overall and Trust wide agency usage slightly decreased this month by 0.9% to 20.16% overall.
- In November 2022; 29 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 90.62% of our inpatient Wards and Units, changes from last month include Gillivers and the Grange.
- 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 table below identifies the key areas to note from a safe staffing, quality, safety, and experience review:

Area	Situation	Actions/Mitigations	Risk rating
CHS in Patients	High percentage of temporary workforce on ten out of eleven wards. Beechwood, Rutland, St Luke's ward 1 - above 30% temporary workforce due to vacancies, enhanced observations, increased patient levels of acuity requiring additional HCA support. A review of the NSIs has identified an increase in the number of falls incidents from twenty-six in October to twenty-nine in November 2022. Ward areas to note are Clarendon, St Luke's ward 1 and East ward. The number of medication incidents decreased to twelve this month The number of category 2 pressure ulcers developed in our care has decreased to six.	Daily staffing reviews, staff movement to ensure substantive RN cover, e-rostering reviewed. Review of increased incidences has not identified any direct correlation between number of staff on duty and impact to quality and safety of patient care/outcomes. A review of themes of investigations has identified an emerging correlation between staff skills, confidence, and competencies as a contributory factor for deteriorating patient, pressure ulcer prevention and falls. Clinical teams working with substantive staff, regular and block booked agency workers providing role essential/specific training for staff working on the wards. The community hospitals matron lead for falls is focusing on falls assessments education, care planning, footwear, and alternative equipment. Health and Safety team continue with flat lifting equipment training, ensuring safe transfer and maintaining dignity of patients following a fall. Flat lift training is monitored through service line governance forum. A QI focus on preventative management of pressure ulcers has commenced, led by the matron lead for pressure ulcer prevention. Progress continues with Tissue Viability Nurse Specialist team to improve education and training for both staff and patients on pressure ulcer prevention and leaflets/posters shared with all wards. Monitoring is through directorate pressure ulcer prevention working group.	
DMH In patient	High percentage of temporary workforce on all wards, key areas to note Ashby, Griffin, Watermead, Mill Lodge & Willows due to high acuity, patient complexity and increased therapeutic observations. Thornton -reduced fill rates for RNs on days, planned staffing is for 3 RNs and 2 RNs achieved. Phoenix - reduced fill rate for RNs on nights. MHSOP wards, no change to key area's noted -Kirby, Welford Coleman, and Gwendolen. Reduced fill rates for RNs on days on Kirby, Welford, and Coleman. A review of the NSI's has identified an increase in the number of falls incidents from forty -six in October to sixty in November 2022. The number of medication incidents increased to eighteen this month	Staffing is risk assessed daily 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 completed. 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. Falls huddles in place and physiotherapy reviews for patients with sustained falls and increased risk of falling Review of NSIs has identified no correlation with staffing levels and impact to quality and safety of patient care/outcomes.	
FYPCLD In-patients	No change to key areas noted- Beacon, Agnes, and Langley wards. A review of the NSIs has identified an increase from two falls in October to four in November and decrease of four medication errors in November from six in October 2022.	Mitigation remains in place- potential risks being closely monitored. Establishment Review completed in September 2022. Review of NSIs has identified no correlation with staffing levels and impact to quality and safety of patient care/outcomes.	
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, City Central, Melton, and Charnwood CMHT. High locum use continues.	Mitigation remains in place, potential risks closely monitored within Directorate. Quality Summit in November 2022.	
FYPC.LD Community	No change to key area's previously noted - LD Community rated red and no change to Healthy Together, Psychology, Therapy, Diana and Looked After Children.	Mitigation remains in place with potential risks being closely monitored within Directorate.	

Measures to monitor the impact of staffing on quality

National Quality Board guidance suggests drawing on measures of quality alongside care hours per patient day (CHPPD) to understand how staffing may affect the quality of care. Suggested indicators include patient and staff feedback, completion of key clinical processes – NEWS, observations, VTE risk assessments, medication omissions, patient harms including pressure ulcer prevalence and in-patient falls and learning from patient safety investigations and serious incidents.

Triangulation of complaints and nurse sensitive indicators with planned versus actual staffing has not identified any direct correlation between staffing levels and the impact on quality and safety of patients. We are starting to see correlation of impact of staffing skill mix and competencies as a contributory factor in some serious incident and incident reviews. The key high-level themes are linked to deteriorating patient and NEWS escalation, mental health observations and pressure ulcer risk assessment and prevention, there are specific Trust groups working on improvement plans and new group collaboratives established with NHFT led by our group director for patient safety and deputy directors of nursing and quality specific to these three areas.

Staffing and safety and incident reviews have identified that as workload, acuity and dependency increases with mitigating actions such as re-prioritisation of visits, step down of non-clinical activities, review of training, movement of staff and increased reliance on agency workers there is an impact on role essential training, equipment training such as use of Flat Lift equipment, timeliness of care plan and risk assessment updates and challenges with clinical continuity and oversight of standards. Senior clinicians and leaders are working every day to minimise and mitigate these risks however it is important to note this reality in practice and impact to patient and staff experience.

Right Skills

Staff Group	Appraisal	Clinical Supervision	Core Mandatory Training	Data Security Awareness IG	Basic Life Support	Immediate Life Support
All Substantive	82.4%	80.8%	All compliance subjects green	93.3%	86.8%	82.2%
Bank					63.5%	58.1%

- Compliance with face-to-face mandatory training is reported through the Training Education Development and Strategic Workforce Committee.
- In response to the emerging correlation between staff skills and competencies and incidences as a contributory factor and focused patient safety collaboratives for deteriorating patient, mental health observations and pressure ulcer prevention, clinical teams and services have worked with block booked agency workers to provide role
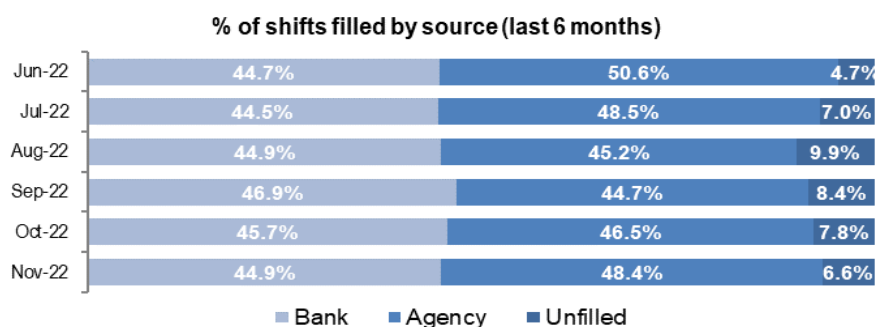
essential/specific training for staff working in CRISIS and urgent mental health care teams and community nursing.

- Train the trainer Flat Lift equipment training has been rolled out by the Trust Manual Handling Lead with a focus on staff working in Community Hospitals and MHSOP wards, further work to include regular agency workers to be trained.

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

% of shifts filled by source (last 6 months)

Month	Bank	Agency	Unfilled
Jun-22	44.7%	50.6%	4.7%
Jul-22	44.5%	48.5%	7.0%
Aug-22	44.9%	45.2%	9.9%
Sep-22	46.9%	44.7%	8.4%
Oct-22	45.7%	46.5%	7.8%
Nov-22	44.9%	48.4%	6.6%

Care Hours Per Patient Day (CHPPD)

The total Trust CHPPD average (including ward based AHPs) is calculated by the Corporate Business Information Team at 11.3 CHPPD (national average 10.8) consistent with October 2022, ranging between 5.9 (Stewart House) and 60.0 (The Grange) 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.

Table 2 – CHPPD by Directorate (previous 12 months)

CHPPD by Directorate over last 12 months

Legend: AMH, MHSOP, CHS, FYPC, LD (months Dec-21 through Nov-22)
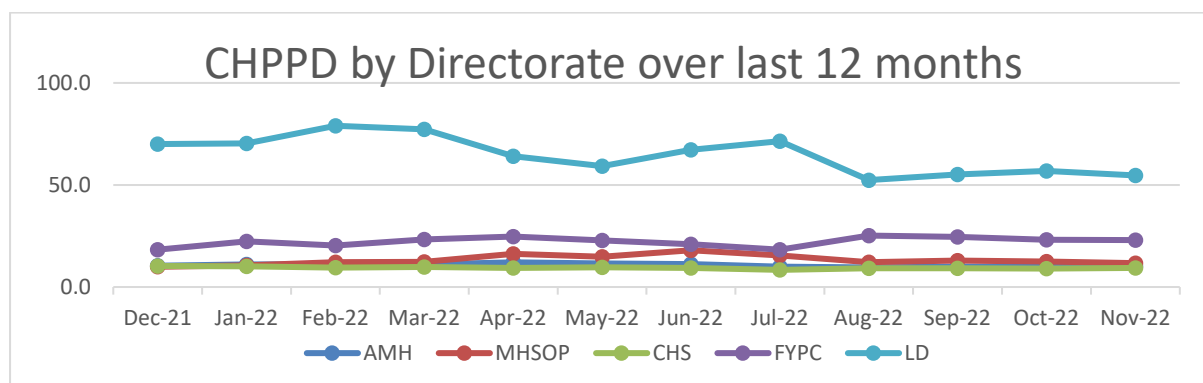
Table 3 – including CHPPD, RN Vacancies and Sickness

Directorate	CHPPD	RN vacancies (WTE)	RN Vacancies (%)	Sickness %	HR Updates
CHS	9.3	156.3	24.8% (→0%)	5.20%	No change in establishment. Staff in post increased by 0.1wte. Total change in vacancies = decrease of 0.1wte
DMH Inc MHSOP	10.2 11.7	156.4	22.2% (↓0.5%)	6.50%	Establishment increased by 0.6wte. Staff in post increased by 4wte. Total change in vacancies = decrease of 3.4wte
FYPC LD	23.0 54.7	102.6	18.8% (↑1.6%)	5.90%	Establishment increased by 4.6wte. Staff in post decreased by 5wte. Total change in vacancies = increase of 9.6wte.

The RN vacancy position remains at 420.0 Whole Time Equivalent (WTE) with a 21.8% 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 9.5%, (includes all reasons for leaving - voluntary leavers, retirements, dismissals etc). This is below the trusts target of 10%. Progress continues by participating in the People Promise Exemplar scheme which started April 2022 and a dedicated People Promise Manager who is focusing on retention and working with system colleagues/regional/national 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 November 2022 we continue to grow and develop our nursing workforce. A total of 36.19WTE nursing staff (bands 5 to 8a) were appointed. Two internationally recruited (IR) nurses have started in November 2022. In addition to local recruitment activity a number of staff are 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 remains 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 November 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, we are starting to see correlation of impact of staffing skill mix and competencies as a

contributory factor in some serious incident and incident reviews linked to deteriorating patient and mental health observations. There is a level of concern about pressure ulcer harm in community nursing and deferred visits, 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	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	Staffing Related Incidents
				>=80%	>=80%	>=80%	>=80%	-	-	<20%									
DMH Bradgate	Ashby	14	14	97.5%	306.1%	109.7%	259.5%			59.5%	10.5%	49.1%	12.7	2→	2→	1↑			
	Beaumont	22	22	103.6%	244.7%	104.3%	175.9%			58.8%	25.6%	33.2%	6.8	1→	6↑	0→			
	Belvoir Unit	9	10	139.7%	231.2%	98.5%	267.0%			50.8%	29.6%	21.3%	19.8	0→	2↓	0↓			
	Bosworth	14	14	119.9%	132.0%	106.3%	121.4%		100.0%	54.9%	24.2%	30.6%	8.9	4↑	5↑	0→			
	Heather	18	18	103.6%	155.4%	104.6%	113.5%			52.0%	29.5%	22.5%	6.6	1↓	2↓	0→			
	Thornton	12	12	79.1%	215.6%	92.5%	127.0%			35.5%	25.2%	10.3%	10.2	0→	0→	0→			
	Watermead	20	20	120.5%	333.1%	112.3%	256.2%			61.3%	21.6%	39.7%	9.5	3→	2↑	0→			
	Griffin - Herschel Prins	6	6	104.4%	203.3%	104.2%	480.8%			64.3%	30.5%	33.8%	27.6	0↓	0→	0→			
DMH Other	Phoenix - Herschel Prins	12	12	104.7%	110.3%	52.3%	156.7%		100.0%	37.3%	20.2%	17.1%	9.1	1↑	0→	0→			
	Skye Wing - Stewart House	27	30	118.3%	117.3%	152.1%	158.7%			36.0%	32.9%	3.1%	5.9	0↓	4→	0→			
	Willows	12	9	221.5%	138.2%	144.0%	117.2%			60.3%	40.5%	19.8%	10.8	2↓	2↑	0→			
	Mill Lodge	13	14	137.0%	123.1%	105.4%	143.9%			41.8%	31.8%	10.0%	13.6	1↑	2→	0→			
	Kirby	23	23	76.4%	132.1%	126.4%	142.3%	100.0%	100.0%	38.4%	21.4%	17.1%	7.9	2↑	4↓	0→			
	Welford	16	17	68.1%	95.8%	130.9%	164.2%			31.5%	22.6%	8.9%	8.1	1↑	5↑	0→			
	Coleman	18	18	49.4%	174.4%	152.7%	728.4%	100.0%	100.0%	71.3%	41.4%	29.8%	16.6	0→	6→	0→			
	Gwendolen	16	19	91.3%	138.2%	131.3%	186.6%			51.2%	32.5%	18.7%	15.4	0→	16↑	0→			
CHS City	Beechwood Ward - BC03	22	23	89.9%	121.8%	100.0%	119.0%	100.0%	100.0%	31.9%	19.7%	12.2%	8.8	2↓	2↓	0→	1↑	0→	
	Clarendon Ward - CW01	19	21	87.4%	119.7%	103.2%	118.7%	100.0%	100.0%	28.2%	10.1%	18.1%	9.8	1→	3↑	0→	1↑	0→	
CHS East	Dalgleish Ward - MMDW	15	17	106.1%	88.0%	98.6%	113.6%	100.0%	100.0%	23.1%	7.9%	15.2%	8.5	3↑	2↑	0→	0→	0→	
	Rutland Ward - RURW	18	17	111.1%	164.0%	104.3%	119.1%	100.0%	100.0%	39.9%	21.7%	18.2%	8.7	0↓	2↓	0→	0→	0→	
	Ward 1 - SL1	17	20	89.9%	125.1%	100.1%	147.3%	100.0%	100.0%	37.4%	20.5%	16.9%	10.8	0→	3↑	0→	0↓	0→	
	Ward 3 - SL3	12	13	103.6%	85.5%	100.0%	98.2%	100.0%	100.0%	25.0%	16.4%	8.5%	9.7	2↑	0→	0→	1↑		
CHS West	Ellistown Ward - CVEL	17	19	103.0%	107.0%	108.3%	101.6%	100.0%	100.0%	23.5%	7.3%	16.1%	9.0	0↓	3→	0→	0↓	0→	
	Snibston Ward - CVSN	17	19	81.1%	121.1%	100.2%	145.4%	100.0%	100.0%	25.0%	10.7%	14.3%	9.9	1↑	2↓	0→	2↑	0→	
	East Ward - HSEW	21	23	120.0%	111.6%	109.9%	128.3%	100.0%	100.0%	24.0%	9.1%	14.8%	9.2	3↑	6↑	0→	0↓	0→	
	North Ward - HSNW	16	18	96.7%	86.0%	100.1%	82.2%	100.0%	100.0%	14.7%	7.7%	7.0%	9.6	1↓	2→	0→	1↓	0→	
	Swithland Ward - LBSW	19	20	135.9%	93.1%	91.7%	159.6%	100.0%	100.0%	20.9%	9.6%	11.3%	8.9	3↑	2→	0↓	0↓	0→	
FYPC	Langley	11	15	92.7%	95.4%	132.9%	107.6%	100.0%		52.5%	38.4%	14.1%	18.6	0↓	1↑	0→			
	CAMHS Beacon Ward - Inpatient Adolescent	7	17	83.2%	139.7%	152.9%	110.0%	100.0%		62.8%	24.1%	38.7%	30.9	2↑	0↓	0→			
LD	Agnes Unit	1	1	93.8%	70.0%	97.8%	103.0%			53.2%	17.1%	36.2%	59.3	2↑	2↑	0→			
	Gillivers	2	6	126.1%	107.9%	133.3%	95.6%			8.6%	8.6%	0.0%	39.8	0↓	0→	0→			
	1 The Grange	1	4	-	83.2%	-	137.7%			14.8%	14.8%	0.0%	60.0	0→	1→	0→			

Governance table

For Board and Board Committees:		
Paper sponsored by:	Anne Scott Executive Director of Nursing, AHPs and Quality	
Paper authored by:	Elaine Curtin Workforce and Safe staffing Matron Emma Wallis Deputy Director of Nursing and Quality	
Date submitted:	31.1.2023	
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	√
	Single Patient Record	
	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:		