

Public Trust Board – 28 March 2023

Safe Staffing – December 2022

Purpose of the report

This report provides a full overview of nursing safe staffing during the month of December 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 slightly increased this month; 0.19% reported at 42.51% overall and Trust wide agency usage increased this month by 1.1% to 21.26% overall.
- In December 2022; 28 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 87.50% of our inpatient Wards and Units, changes from last month include Stewart House and Mill Lodge.
- Senior nursing review is undertaken to triangulate metrics where there is high percentage of temporary worker/agency utilisation or concerns directly relating to; increased acuity, high caseloads of high-risk patients, increased staff sickness, ability to fill additional shifts and potential 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	<p>High percentage of temporary workforce on ten out of eleven wards. Beechwood, Clarendon and East ward - above 30% and St Luke's ward 1 and Rutland ward over 37.0% temporary workforce, due to vacancies, enhanced observations, increased patient levels of acuity requiring additional HCA support, annual leave and sickness.</p> <p>A review of the NSIs has identified an increase in the number of falls incidents from twenty-nine in November to thirty- seven in December 2022. Ward areas to note are Clarendon, Rutland and Snibston.</p> <p>The number of medication incidents increased to twenty-two this month.</p> <p>The number of category 2 pressure ulcers developed in our care has increased to ten.</p>	<p>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.</p> <p>There were eleven staffing related incidents reported in month. Two incidents reported - East Ward and Ward 4 (Surge ward at Coalville) relating to having one RN on shift, (red flag) these were risk assessed and mitigations put into place as these are wards on a dual site. There was no direct impact on patient care, however impact was noted on staff health and well-being.</p> <p>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.</p> <p>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. A review of pressure relieving mattresses has taken place and ordering of additional equipment to support preventative management. Monitoring is through directorate pressure ulcer prevention working group.</p>	
DMH In patient	<p>High percentage of temporary workforce on all wards. Ashby, Watermead and Griffin wards above 60%, due to high acuity, patient complexity and increased therapeutic observations. Thornton - reduced fill rates for RNs on days due to a change in planned staffing reduced to 2 RNs due to bed reduction. Phoenix - reduced fill rate for RNs on nights.</p> <p>MHSOP wards, no change to key area's noted -Kirby, Welford Coleman, and Gwendolen. Reduced fill rates for RNs on days on Kirby.</p> <p>A review of the NSI's has identified a decrease in the number of falls incidents from sixty in November to thirty-nine in December 2022.</p> <p>The number of medication incidents decreased to six this month.</p>	<p>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.</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.</p> <p>Falls huddles in place and physiotherapy reviews for patients with sustained falls and increased risk of falling.</p> <p>Review of NSIs has identified no correlation with staffing levels and impact to quality and safety of patient care/outcomes.</p>	
FYPCLD In-patients	<p>No change to key areas noted- Beacon, Agnes, and Langley wards. Reduced fill rate for Beacon - Patient acuity reduced and staffing levels adjusted accordingly.</p>	<p>Mitigation remains in place- potential risks being closely monitored.</p> <p>Review of NSIs has identified no correlation with staffing levels and impact to quality and safety of patient care/outcomes.</p>	

	A review of the NSIs has identified an increase from four falls in November to six in December and increase to six medication errors in December from four in November 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, City Central, Melton, and Charnwood CMHT. High locum use continues.	Mitigation remains in place, potential risks closely monitored within Directorate. Quality Summit took place 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, 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	81.8%	79.4%	All compliance subjects green	93.0%	87.1%	77.9%
Bank					64.9%	55.8%

- 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.

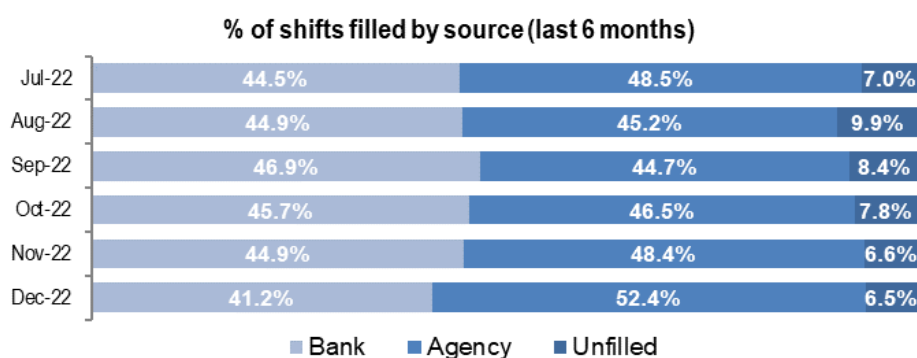
- Due to increased reliance on agency workers with no assurance that RNs are trained in ILS and recognition of deteriorating patient, plans are progressing to upskill, train and prioritise regular agency workers for area’s identified at risk; in Community Hospitals, Beacon Unit, MHSOP wards based at the Evington centre and Agnes unit. Assurance is in place that agency workers are trained in BLS as per national skills framework for on-framework agencies.

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



Care Hours Per Patient Day (CHPPD)

The total Trust CHPPD average (including ward based AHPs) is calculated by the Corporate Business Information Team at 10.8 CHPPD (national average 10.8) lower than November 2022, ranging between 4.6 (Stewart House) and 63.9 (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.

Table 2 – CHPPD by Directorate (previous 12 months)

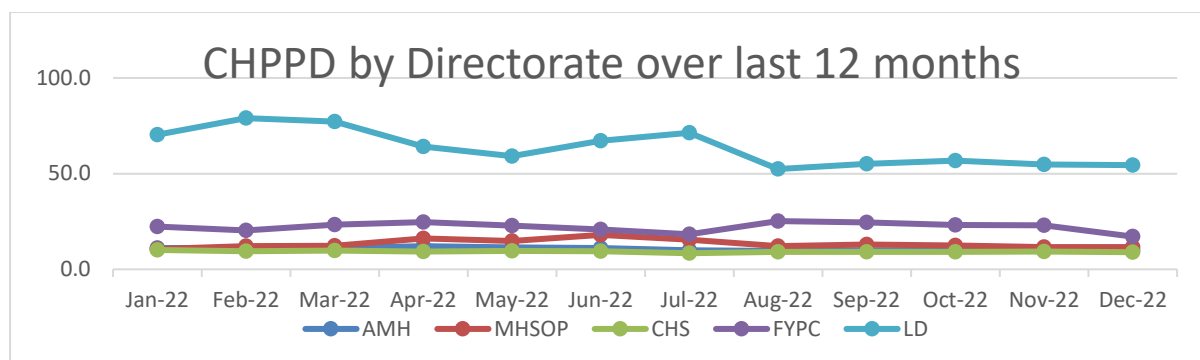


Table 3 – including CHPPD, RN Vacancies, Sickness and RN Turnover Rate

Directorate	CHPPD	RN vacancies (WTE)	RN Vacancies (%)	RN Sickness %	RN 12m Turnover rate %
CHS	8.9	139.1	22.7%	5.8%	10.6%
DMH Inc MHSOP	9.9 11.7	142.6	20.6%	7.6%	8.1%
FYPC LD	17.1 54.4	105.9	19.3%	8.4%	9.6%
All clinical directorates combined	10.8	387.6	20.9%	6.0%	9.5%

The RN vacancy position is at 387.6 Whole Time Equivalent (WTE) with a 20.9% 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. RN turnover for nurses is at 9.5%, (includes all reasons for leaving - voluntary leavers, retirements, dismissals etc). This is below the Trust 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 /regional/national colleagues and 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 interview responses and by promoting/expanding our flexible working offer. Sickness and absence give an indication of staffing pressure within each directorate.

Recruitment Pipeline

Throughout December 2022 we continue to grow and develop our nursing workforce. A total of 16.8 WTE nursing staff (bands 5 to 8a) were appointed. There was no onboarding of International Recruited Nurse’s in December 2022, the next onboarding will take place in January 2023 with one Mental Health Nurse committing to coming to LPT. 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 December 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 with 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 numbers is a contributory factor to patient harm. We are starting to see some correlation of impact of staffing skill mix and competencies as a contributory factor in some serious incident and incident reviews predominantly linked to pressure ulcer deterioration, deteriorating patient and mental health observations. There is a level of concern about pressure ulcer harm in community nursing and the longer-term impact of deferred visits at times of critical staffing, 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
December 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	Staffing Related Incidents
				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	100.9%	214.9%	103.8%	181.8%			61.6%	16.0%	45.6%	10.4	1↓	0↓	0↓			
	Beaumont	23	22	107.2%	268.4%	106.1%	123.1%			50.8%	17.8%	33.0%	6.3	0↓	2↓	0→			
	Belvoir Unit	9	10	126.4%	184.0%	101.7%	217.8%			50.9%	24.7%	26.2%	16.8	0→	1↓	0→			
	Bosworth	14	14	116.9%	113.7%	105.7%	102.9%		100.0%	50.4%	24.6%	25.8%	7.7	0↓	0↓	0→			
	Heather	17	18	105.1%	201.3%	105.3%	163.6%			54.1%	32.6%	21.5%	8.3	0↓	2→	0→			
	Thornton	14	12	68.4%	184.5%	89.4%	117.8%			29.6%	20.6%	9.0%	7.7	0→	0→	0→			
	Watermead	20	20	109.7%	251.5%	103.9%	197.2%			63.4%	21.3%	42.1%	8.0	3→	1↓	0→			
Griffin - Herschel Prins	6	6	102.4%	217.6%	102.9%	473.7%			63.2%	27.6%	35.6%	29.9	0→	1↑	0→				
DMH Other	Phoenix - Herschel Prins	12	12	101.5%	128.8%	52.9%	181.5%		100.0%	40.6%	26.1%	14.4%	10.2	0↓	0→	0→			
	Skye Wing - Stewart House	27	30	93.7%	100.8%	104.5%	114.7%			30.2%	24.2%	6.0%	4.6	1↑	1↓	0→			
	Willows	9	9	200.5%	129.3%	151.8%	115.7%			64.3%	44.1%	20.3%	12.7	1↓	2→	0→			
	Mill Lodge	13	14	163.2%	141.0%	123.7%	163.1%			43.8%	38.1%	5.8%	16.5	0↓	1↓	0→			
	Kirby	22	23	71.3%	121.7%	127.0%	135.4%	100.0%	100.0%	38.1%	22.6%	15.5%	7.8	0↓	3↓	0→			
	Welford	16	17	95.8%	108.7%	131.2%	193.7%			44.7%	30.6%	14.1%	8.6	0↓	4↓	0→			
	Coleman	16	18	102.6%	213.6%	104.6%	449.7%	100.0%	100.0%	69.6%	38.1%	31.5%	18.4	0→	11↑	1↑			
Gwendolen	16	19	91.5%	148.8%	130.4%	150.6%			49.1%	29.6%	19.6%	13.7	0→	10↓	0→				
CHS City	Beechwood Ward - BC03	23	24	106.1%	122.8%	96.5%	123.5%	100.0%	100.0%	30.5%	13.2%	17.3%	8.8	6↑	2→	0→	0↓	0→	
	Clarendon Ward - CW01	19	21	88.4%	123.0%	104.7%	125.6%	100.0%	100.0%	30.1%	8.4%	21.7%	9.9	1→	6↑	0→	3↑	0→	
CHS East	Dalglish Ward - MMDW	15	16	98.4%	83.1%	105.4%	104.5%	100.0%	100.0%	19.4%	6.8%	12.5%	8.2	6↑	4↑	0→	0→	0→	
	Rutland Ward - RURW	18	17	103.6%	158.1%	99.9%	107.9%	100.0%	100.0%	37.8%	16.1%	21.7%	8.3	2↑	7↑	0→	1↑	0→	
	Ward 1 - SL1	19	21	94.6%	117.9%	101.7%	151.6%	100.0%	100.0%	39.6%	19.0%	20.6%	8.8	3↑	2↓	0→	1↑	0→	
	Ward 3 - SL3	12	13	107.3%	91.5%	100.0%	96.3%	100.0%	100.0%	23.1%	14.4%	8.7%	9.7	1↓	1↑	0→	0↓	0→	
CHS West	Ellistown Ward - CVEL	17	19	98.4%	108.9%	95.1%	101.6%	100.0%	100.0%	20.9%	5.7%	15.2%	8.0	1↑	2↓	0→	0→	0→	
	Snibston Ward - CVSN	18	19	84.4%	125.3%	101.4%	152.1%	100.0%	100.0%	29.0%	11.5%	17.5%	9.5	0↓	6↑	0→	1↓	0→	
	East Ward - HSEW	23	24	126.1%	126.2%	122.4%	144.8%	100.0%	100.0%	31.4%	8.9%	22.5%	9.2	2↓	3↓	0→	1↑	0→	
	North Ward - HSNW	17	18	99.6%	90.0%	97.7%	88.6%	100.0%	100.0%	20.7%	6.4%	14.3%	8.6	0↓	3↑	0→	1↓	0→	
	Swithland Ward - LBSW	19	20	104.9%	95.6%	88.6%	149.7%	100.0%	100.0%	15.4%	6.0%	9.4%	8.3	0→	1↓	0→	2↑	0→	
FYPC	Langley	12	15	88.7%	116.4%	124.7%	130.6%	100.0%		41.2%	32.9%	8.3%	15.1	2↑	1→	0→			
	CAMHS Beacon Ward - Inpatient Adolescent	7	17	79.6%	96.0%	162.9%	63.7%	100.0%		52.7%	29.9%	22.8%	20.5	3↑	2↑	0→			
LD	Agnes Unit	1	1	104.4%	92.0%	128.1%	126.7%			59.4%	15.4%	44.0%	63.9	1↑	0↓	0→			
	Gillivers	2	6	110.0%	92.3%	133.3%	81.7%			9.1%	9.1%	0.0%	32.7	0→	3↑	0→			
	1 The Grange	1	4	-	78.8%	-	133.2%			17.3%	17.3%	0.0%	45.4	0→	0↓	0→			

Governance table

For Board and Board Committees: Paper sponsored by:	Trust Board 28.3.23	
	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:	28.03.2023	
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:	Considered	